11166 11144

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #2 Plant Hospital Glenn L. Martin

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 9. 3 Vol-4
STREET ADDRESS (If rural, give location) 4514 Falls Rd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Milford	Almony	Dec	1	19 54

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday: yrs.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Apr 4, 1891	63		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clergyman	Martin aero Plt.	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James F. Almony	Rene McDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	212-07-8182	Mrs Marie N. Almony 4514 Falls Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 10 min.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary Disease — Unknown
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
Dec 12-1-54 8:18 A.M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Wm Learmonth, M.D. — ~~CHIEF MEDICAL EXAMINER~~ ☐ DEPUTY MEDICAL EXAMINER ☒ ~~ASSISTANT MEDICAL EXAM.~~ ☐ — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 4-1954	Vernon Church	White Hall, Baltimore Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-2-54	A W Dorsett	Burgee Funeral Home Horace F. Burgee	3631 Falls Rd

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11145

11167

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 V 0 1-4
STREET ADDRESS (If rural give location) 253 N. Exeter Street

3. NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) (NMI) (Last) ANDERSON

4. DATE OF DEATH: (Month) December (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 5/24/96

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Careline Co, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Anderson

14. MOTHER'S MAIDEN NAME: Elizabeth Locker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 228 09 4032

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) CARCINOMA RIGHT LUNG

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE WITH DECOMPENSATION — UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 26, 1954, to Dec. 6, 1954 and that death occurred at 7:40PM, from the causes and on the date stated above.

SIGNATURE FRANCIS G. DICKEY, M.D. Chief, Medical Service

ADDRESS VAH, Fort Howard, Maryland

DATE SIGNED 12-8-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12/9/1954

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) B altimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-9-54

REGISTRAR'S SIGNATURE A W Hopkins

24. FUNERAL DIRECTOR Arlington S. Phillips

ADDRESS 1808 N. Monroe St., Baltimore 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11146

11168 CERTIFICATE OF DEATH Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital 16

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tuxedo 16x-2
STREET ADDRESS (If rural give location) 5700 Tuxedo Avenue

3. NAME OF DECEASED: (Type or Print) (First) Maria (Middle) (Last) Astore

4. DATE OF DEATH (Month) (Day) (Year) December 8, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-18-1875?
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4493
IMMEDIATE CAUSE (A) Cerebral accident
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive c.v. disease
(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED White at work ☐ Not white at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22, 1954 to 12-8, 1954 that I last saw the deceased alive on 12-8-, 1954, and that death occurred at 3:00 P.M., from the causes and on the date stated above.
SIGNATURE G. Hartley M. D.
ADDRESS Spring Grove State Hospital Catonsville 28, Maryland
DATE SIGNED 12-8-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried
DATE THEREOF 12-11-54
NAME OF CEMETERY OR CREMATORY St. Mary's Cem.
LOCATION (City, town, or county) (State) Wash., D. C.

DATE REC'D BY LOCAL REGISTRAR 12/8/54
REGISTRAR'S SIGNATURE V.E. Harry
24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co. 1400 Chapin N.W. (9)

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

11147

MARYLAND 11169

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Butler Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) 6 Butler Road

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Carey (Last) Atkinson

4. DATE OF DEATH (Month) (Day) (Year): Dec. 25, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 26, 1877

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman at distillery

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Obdeiah F. Atkinson

14. MOTHER'S MAIDEN NAME: Ella Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-12-3511

17. INFORMANT AND ADDRESS: Mrs. Richard Knight, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Uremic Coma — Interval between onset and death: 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic interstitial Nephritis — few years

(c) Hypertension & Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-54, to 12-25-54, that I last saw the deceased alive on 12-24-54, and that death occurred at 2:35 P.M., from the causes and on the date stated above.

SIGNATURE John L. Sadtler (Degree or title) MD — ADDRESS Reisterstown Md — DATE SIGNED 12-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec. 27, 1954 — NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery — LOCATION (City, town, or county) (State): Baltimore County

DATE REC'D BY LOCAL REG.: 12-27-54 — REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR — ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

RECEIVED
JAN 3
BUREAU, V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11148

Item 18 Film G176 1-5-55 ams

11170

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 32
LENGTH OF STAY (in this place) 5yrs 3mos 6days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp 16

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3Y 1.4
STREET ADDRESS (If rural give location) 2016 Bank St.

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) (Last) Baddad

4. DATE OF DEATH: (Month) Dec (Day) 19 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: — | 9. AGE last birthday 50 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Work | 10B. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Turkey | 12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: Theodore Zaharidis | 14. MOTHER'S MAIDEN NAME: Anastasia Papazoglou

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1717

IMMEDIATE CAUSE (A) Uremia

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Bilateral obstructive pyelonephrosis

DUE TO (C) Advanced cervical Carcinoma Primary carcinoma was cervix uteri. with Regional Metastases

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Left Pulmonary Abscess

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1954, to Dec 19., 1954, that I last saw the deceased alive on Dec 19, 1954, and that death occurred at 5 3/4 P M, from the causes and on the date stated above.

SIGNATURE John P. Bailey MD | ADDRESS Spring Grove State Hospital Catonsville Md. | DATE SIGNED 12/19/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12-23-54 | NAME OF CEMETERY OR CREMATORY Greek Cemetery | LOCATION (City, town, or county) (State) Windsor Mill Rd

DATE REC'D BY LOCAL REGISTRAR 12-22-54 | REGISTRAR'S SIGNATURE C W Hedrick | 24. FUNERAL DIRECTOR Lambros Inc | ADDRESS 440 E North Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11149

11171 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) 8 m. 10 d.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. George's Co; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edmonston, Md Rt. 1; STREET ADDRESS (If rural give location) 4809 - 52nd St.

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) (Last) Bailey

4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 10 . 31 . 1882

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months 1 Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail clerk

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William F. Bailey

14. MOTHER'S MAIDEN NAME: Sarah Ann Acord.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Terminal Bronchio pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Decompensated hypertensive Cardio vascular Illness — 6 months

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized advanced arteriosclerosis — unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 5, 1954, to 12 15, 1954 that I last saw the deceased alive on Dec. 15, 1954, and that death occurred at 6 P M, from the causes and on the date stated above.

SIGNATURE Gertrude J. Fleischmann M.D. ADDRESS Spring Grove St. Hosp. DATE SIGNED 12.15.54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12/19/54 — NAME OF CEMETERY OR CREMATORY Family Plot — LOCATION (City, town, or county) (State) Roanoke Va

DATE REC'D BY LOCAL REGISTRAR 12/16/54 — REGISTRAR'S SIGNATURE V. E. Harry Asst. — 24. FUNERAL DIRECTOR Bell Cobb & Lowe — ADDRESS Capitol Heights

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11150

11172 CERTIFICATE OF DEATH

Reg. Dist. No. ... ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 24 1-4
STREET ADDRESS (If rural give location) 1117 S. Ellwood Avenue

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) (Last) PAUERSFELD SR.

4. DATE OF DEATH: (Month) (Day) (Year) December 23, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 3-31-91

9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shrinker

10B. KIND OF BUSINESS OR INDUSTRY: Clothing Industry

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~Frederick~~ Pauersfeld, HENRY W.

14. MOTHER'S MAIDEN NAME: Amelia ~~XXXXXXXXXXXXXXXXXX~~ (Maiden name unknown) HANSGE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft. Howard,Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) INFARCTION OF MYOCARDIUM	2 HOURS
ANTECEDENT CAUSE (S)	DUE TO ARTERIOSCLEROTIC HEART DISEASE	UNKNOWN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Asthmatic Bronchitis	UNKNOWN
	Thrombosis, rt. middle Cerebral Artery	UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1954, to Dec. 23, 1954, that I last saw the deceased alive on ~~XXXXXXXXXXXXXXXXXX~~ 19XXXX and that death occurred at 6:10PM, from the causes and on the date stated above.

SIGNATURE Abraham Polachek, M.D. ADDRESS M. D. VAH, Ft.Howard,Md. DATE SIGNED 12-23-54

ABRAHAM POLACHEK

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF DEC. 27,1954 | NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-27-54 | REGISTRAR'S SIGNATURE C. V. Helmick JC

24. FUNERAL DIRECTOR ADDRESS Henry Sanders and Sons North Ave. & Broadway, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11151

11173 CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 43 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural give location) 301 High Street

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) A. (Last) BAYNARD
4. DATE OF DEATH: (Month) December (Day) 9 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5/10/22
9. AGE last birthday 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Denton, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Enos Paynard
14. MOTHER'S MAIDEN NAME: Martha MN: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. 217 14 0610
17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) GASTRIC PERFORATION WITH MULTIPLE PERI-

ANTECEDENT CAUSE (B) PERITONEAL ABSCESSES — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. GASTRIC AND DUODENAL ULCER — UNKNOWN
LOBAR PNEUMONIA, RIGHT — UNKNOWN

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Oct. 27, 1954, to Dec. 9, 1954, and that death occurred at 4:30A M, from the causes and on the date stated above.

SIGNATURE Milton Ginsberg M.D. — MILTON GINSBERG, M.D. — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 12-9-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12/10/1954 — NAME OF CEMETERY OR CREMATORY John Wesley Church Cemetery — LOCATION (City, town, or county) (State) Denton, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-10-54 — REGISTRAR'S SIGNATURE A. W. Hardesty

24. FUNERAL DIRECTOR — ADDRESS
Arlington S. Phillips Funeral Home
1808 N. Monroe St. Baltimore, Md.

Shipped by Hearse: Charles Moore Funeral Home Denton, Maryland

11152

11174

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm P.O.
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stoney Batter Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm P.O.
STREET ADDRESS (If rural, give location) Stoney Batter Rd

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E (Last) Beares

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 4-1882

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: Employee

11. BIRTHPLACE (State or foreign country): Balto City Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Shaffer Mar

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-32-2142

17. INFORMANT AND ADDRESS: Miss Hilda Beares #453 Stoney Batter Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Infarction — Interval Between Onset and Death: 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerotic Heart Disease — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ovarian Cyst. Lt.

19a. DATE OF OPERATION: 10/2/52

19b. MAJOR FINDINGS OF OPERATION: Benign Ovarian Cyst twisted on pedicle

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1952 to Dec 14, 1954, that I last saw the deceased alive on Dec. 14, 1954 and that death occurred at 3:25 p m., from the causes and on the date stated above.

SIGNATURE: Clifford F. Hudson (Degree or title) M.D. ADDRESS Fork Md. DATE SIGNED 12/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/16/54

NAME OF CEMETERY OR CREMATORY: Fork Methodist Cem

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 12/15/54

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Lansdale Funeral Home ADDRESS 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11153

CERTIFICATE OF DEATH

11175 Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp Catonsville 28 Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 4402 Highview Ave Balto-29

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) C. (Last) BECK

4. DATE OF DEATH: (Month) December (Day) 4 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Caue.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: June 17, 1872

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Shaffer

14. MOTHER'S MAIDEN NAME: Catherine Shaffer (maiden name not known)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Margaret McGowan 4402 Highview Avenue, Baltimore 29 Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 1

IMMEDIATE CAUSE (A) Cardiac arrest following myocardial

ANTECEDENT CAUSE (S) DUE TO decompensation due to:

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Cardiavascular Disease

DUE TO associated with renal disease and

(C) azotemia

103.7

INTERVAL BETWEEN ONSET AND DEATH: 5 wks Yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Fracture, base of neck of right femur 7 wks

19A. DATE OF OPERATION: Oct 20, 1954

19B. MAJOR FINDINGS OF OPERATION: Open reduction with insertion of Smith-Peterson nail in right hip

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) hospital

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) Catonsville, Balto, Md

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 15, 1954 about 7pm

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR? Patient quite feeble senile, fell upon getting out of bed.

22. I hereby certify that I attended the deceased from Aug 9, 1954 to Dec. 4, 1954, that I last saw the deceased alive on Dec 4, 1954., and that death occurred at 6:45 PM, from the causes and on the date stated above.

SIGNATURE Lindsey D. Campbell
Lindsey D. Campbell, M.D.
ADDRESS M. D. Spring Grove State Hosp
DATE SIGNED 12-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-7-54
NAME OF CEMETERY OR CREMATORY Meadow Ridge
LOCATION (City, town, or county) (State) Howard C., Md.

DATE REC'D BY LOCAL REGISTRAR 12/5/54
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard 4107 Wilkens Av.

VS. A15—10-5

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11155

11176

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hale St. Ave. - Towson-4
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS en route to hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville - rural
STREET ADDRESS (If rural give location) Thornton Mill Road.

3. NAME OF DECEASED. (Type or Print) (First) Carroll (Middle) Price (Last) Benson

4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 1954

5. SEX Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 2-13-1879 | 9. AGE last birthday 75 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: farmowner | 11. BIRTHPLACE (State or foreign country): Balto Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benj. Robert Benson | 14. MOTHER'S MAIDEN NAME: Mary E. Armacost

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. 219-14-1937 | 17. INFORMANT & ADDRESS. Mrs. Jeanette K. Benson, Cockeysville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1½ hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Gastric ulcer DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arterio-sclerotic heart disease — 2 years.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from ..... , 19 , to Dec 1 , 1954 that I last saw the deceased alive on Dec 1 , 1954, and that death occurred at 7:50 A. M, from the causes and on the date stated above.

SIGNATURE Elizabeth B. Sherrill M. D. | ADDRESS Cockeysville, Md. | DATE SIGNED 12/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried | DATE THEREOF 12-4-54 | NAME OF CEMETERY OR CREMATORY Sherwood Episcopal | LOCATION (City, town, or county) (State) Cockeysville, Md

DATE REC'D BY LOCAL REGISTRAR Dec. 3, 1954 | REGISTRAR'S SIGNATURE Mabel C. Gray | 24. FUNERAL DIRECTOR Brooks Funeral Service, Hydes, Md | ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11156

11177

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4D

1. PLACE OF DEATH: COUNTY Balt ■ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto co md
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Botton Rd Hyde P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto co md
STREET ADDRESS (If rural, give location) Botton Rd Hyde P O

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) Betz

4. DATE OF DEATH: (Month) Dec (Day) 22 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct 26-1872
9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Balto City md
12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME: Jacob Betz
14. MOTHER'S MAIDEN NAME: Christina —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr Walter Betz Botton Rd. Hyde P O

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — Interval between onset and death: 8 mos +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 2 yrs +

19a. DATE OF OPERATION: May 20 1954
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach (Lg. grd. wall) operation - subtotal gastrectomy
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1954, to Dec 22, 1954, that I last saw the deceased alive on Dec 21, 1954, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE: Isabel H. McClinton (Degree or title) M.D. ADDRESS: Kingsville Md. DATE SIGNED: Dec-23-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/24/54
NAME OF CEMETERY OR CREMATORY: St Matthews Cem
LOCATION (City, town, or county) (State): Balto. City md

DATE REC'D BY LOCAL REG. 12/23/54
REGISTRAR'S SIGNATURE: W. M. Fairmett
24. FUNERAL DIRECTOR: Lassahn Funeral Home 7401. Belair Rd ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11178

Reg. Dist. No. 11157

1. PLACE OF DEATH: 1013 Windsor Rd. COUNTY Baltimore 8 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville 8 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1013 Windsor Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: 1013 Windsor Rd Balto 8 STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville 8
STREET ADDRESS (If rural give location) 1013 Windsor Rd.

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) Hamilton (Last) Bishop

4. DATE OF DEATH: (Month) December (Day) 1 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Dec 12 1874 | 9. AGE last birthday: 79 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired | 10b. KIND OF BUSINESS OR INDUSTRY: Automobile | 11. BIRTHPLACE (State or foreign country): Phila. Pa | 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Gilbert Livingston Bishop | 14. MOTHER'S MAIDEN NAME: Ellen Meeum Conarroe

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Matilda Bishop Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
420 1 Immediate cause	(a) Coronary thrombosis	1 minute
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis	10 years
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1954, to Nov 30, 1954 that I last saw the deceased alive on Nov 30 1954, and that death occurred at 11 15 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Lee Randol M.D. ADDRESS 1725 Reisterstown Rd. Pikesville Md. DATE SIGNED 12/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF Dec 3 1954 | NAME OF ~~CEMETERY OR~~ CREMATORY Green Mount | LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR H. N. Jenkins & Sons Co ADDRESS 4905 York Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11179

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11158

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 917 E 43rd St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural give location) 917 E 43rd Street

3. NAME OF DECEASED (Type or Print): (First) Milton (Middle) Daniel (Last) Blades

4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/5/13

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Steel Co

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawrence P. Blades

14. MOTHER'S MAIDEN NAME: Anna Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: wife - Mae Blades - 917 E 43rd St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Sigmoid — Interval between onset and death: 7 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with Generalized Metastases

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 7/15/54

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Sigmoid with Obstruction

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Dec 14, 1954, that I last saw the deceased alive on Dec 13, 1954, and that death occurred at 11 30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stanley J Bocik	M.D	906 C St. Balt 19	12/14/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-17-54	Oaklawn Cemetery	Balto Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-15-54	A. W. Hedrich dmr.	Leonard J Ruck	5305 Harford

MARYLAND STATE DEPARTMENT OF HEALTH

11180

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11159

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ✓
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6117 Falls Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY /
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale
STREET ADDRESS (If rural, give location) 8306 Lages Lane

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Parker (Last) Brandt

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 18, 1887

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days / If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner

10b. KIND OF BUSINESS OR INDUSTRY: Gasoline Filling Sta

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Brandt

14. MOTHER'S MAIDEN NAME: Mary Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-05-9152

17. INFORMANT AND ADDRESS: Mrs. Alice V. Brandt-8306 Lages Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, vascular, coronary occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Bolling C. Hudson M.D., D.H.T. ADDRESS Towson Md DATE SIGNED 12/4/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/8/54 | NAME OF CEMETERY OR CREMATORY: Mt. Olive Cem. | LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REG. 12-6-54 | REGISTRAR'S SIGNATURE G. W. Hedrick Jr. | 24. FUNERAL DIRECTOR: Wm. J. Tschoer & Sons ADDRESS: Balto 17 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11160

11181 CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 45 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 1811 EAGLE STREET

3. NAME OF DECEASED: (Type or Print) (First) SYLVESTER (Middle) B (Last) BRISCOE

4. DATE OF DEATH: (Month) DECEMBER (Day) 31 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: 10-18-09

9. AGE last birthday 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR

10B. KIND OF BUSINESS OR INDUSTRY: HASKILL BLDG CO.

11. BIRTHPLACE (State or foreign country): ST. MARY'S CO., MD

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: PARRAN BRISCOE

14. MOTHER'S MAIDEN NAME: RUTH GARNES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X

IMMEDIATE CAUSE (A) CARCINOMA OF HEPATIC FLEXURE — 8 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. INTESTINAL OBSTRUCTION

19A. DATE OF OPERATION: 11-23-54

19B. MAJOR FINDINGS OF OPERATION: ILIO-TRANSVERSE COLOSTOMY Inoperable Carcinoma of hepatic flexure, with extension retroperitoneally involving superior mesenteric vessels

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from NOV. 16, 1954, to DEC. 31, 1954, that last time I saw deceased alive and that death occurred at 2:45 AM, from the causes and on the date stated above.

SIGNATURE CHARLES DU GARM M.D. ADDRESS VAH, Fort Howard, Md DATE SIGNED 1/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1/5/1955 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 1-3-55 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Arlie Con D. Phillips ADDRESS 1808 N. Monroe St., Baltimore 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11161

11182 CERTIFICATE OF DEATH Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 Sherwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
STREET ADDRESS (If rural give location) 103 Sherwood Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Samuel (Last) Brown

4. DATE OF DEATH: (Month) 12 (Day) 3 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: Sept 30-1869 | 9. AGE last birthday: 85 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Brown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No | (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Grace Margueess Brown (wife)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Coronary Sclerosis — 5 yrs.
DUE TO
(C) Art. Sclerosis — 10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prof. Cancer of Esophagus - Hematemesis — 10 days.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 1948, to Dec 3rd, 1954, that I last saw the deceased alive on Dec 2nd, 1954, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

SIGNATURE James A. Tilla Jr. M.D. ADDRESS Pikesville-8, Md. DATE SIGNED 12/3/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12-4/54 | NAME OF CEMETERY OR CREMATORY Druid Ridge | LOCATION (City, town, or county) Pikesville (State) Md

DATE RECD BY LOCAL REGISTRAR December 4, 1954 | REGISTRAR'S SIGNATURE R.W. | 24. FUNERAL DIRECTOR Frank H. Ward | ADDRESS Pikesville Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11162

11183

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; MARYLAND; LENGTH OF STAY (In this place) 18 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Garson Forest Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon; STREET ADDRESS (If rural, give location) Wabash Ave.

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) L. (Last) Brown

4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Dec. 14, 193[illegible]

9. AGE last birthday: 18 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Work For Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Haven E. Brown

14. MOTHER'S MAIDEN NAME: Wiona Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wars or dates of service): No

16. SOCIAL SECURITY No.: 21[illegible]-32-[illegible]

17. INFORMANT AND ADDRESS: Haven E. Brown Glyndon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suffocation. (due to dirt cave in) — Interval Between Onset and Death: 70 Min.

Antecedent cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY (X) OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Construction Jobs. (CITY OR TOWN) Owings Mills, (COUNTY) Baltimore, (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 12/3/1954-2:00 p.m. INJURY OCCURRED While at work X (Not while at work ☐)

HOW DID INJURY OCCUR? Working in a 10 ft. ditch when one side caved in & burried him.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: D.D. Caplis (Degree or title) Deputy Md. Exam. M.D. ADDRESS: 6 Hanover Road Reisterstown, Md. DATE SIGNED: 12/6/54

BURIAL, CREMATION OR REMOVAL (Specify): Burial; DATE THEREOF: Dec. 6, 1954; NAME OF CEMETERY OR CREMATORY: Mt. Zion; LOCATION (City, town, or county) Baltimore, Co. (State) Md.

DATE RECD BY LOCAL REG. 12-6-54; REGISTRAR'S SIGNATURE: Mary B. Elina

24. FUNERAL DIRECTOR: Edward J. Tipton, ADDRESS: Hampstead, Md.

11163

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11145 CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH FADING INK. Every item of information should be carefully supplied. Correct age if especially important; physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. NAME OF DECEASED (Type or Print): Sallie Rosebrough Brown

2. DATE OF DEATH: Dec-19-1954

3. PLACE OF DEATH:
A. Baltimore City, Maryland Truner station
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore County 603 New Pittsburg Avenue
C. Length of stay in Baltimore 17 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Turner Station
D. STREET ADDRESS (If rural, give location): 603 New Pittsburg Avenue

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug-31-1916
9. AGE (In years last birthday): 38 (If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.)

10A. U.S. JAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Woodward S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Philir Morse

14. MOTHER'S MAIDEN NAME: Nancie Irvin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO

17. INFORMANT: John Brown ADDRESS: 603 New Pittsburg Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) malnutition & bed sores — 1 yr.
DUE TO
(C) Multiple sclerosis — 2½ yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Febry 2, 1953 to Dec 19, 1954, that I last saw the deceased alive on Dec 16, 1954 and that death occurred at 1:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE: Arnold Miles M. D.
23B. ADDRESS: 815 N. Arundel Rd.
23C. DATE SIGNED: 12-22-54

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/23/54
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Arbutus Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: 12-23-54
REGISTRAR'S SIGNATURE: A W Hedrick
25. FUNERAL DIRECTOR: Elmer C. Wilson ADDRESS: 1100 Brantley Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11164

11184

CERTIFICATE OF DEATH

Reg. Dist. No. ....

Items 8 & 9, Film G174, 12/10/54 icy

1. PLACE OF DEATH: COUNTY B altimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) Fordleigh Apt's 15

3. NAME OF DECEASED: (Type or Print) (First) Trevor (Middle) Mumford (Last) Caven

4. DATE OF DEATH: (Month) Dec (Day) 4th (Year) 1954 19

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: June 4th 1877

9. AGE last birthday 77 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemical engineer

10B. KIND OF BUSINESS OR INDUSTRY: ceramics

11. BIRTHPLACE (State or foreign country): Kansas City Missouri

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown Caven

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Edna Caven as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac failure - Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSE (B) DUE TO (B) chr. Coronary Insuff. — 5 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) art. sclerotic Heart Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ...., 1954., to Dec. 4..., 1954, that I last saw the deceased alive on Dec. 4, 1954., and that death occurred at 5:20 P M, from the causes and on the date stated above.

SIGNATURE Benj Caven M.D. ADDRESS The Mayfair DATE SIGNED 12/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12/6/54 | NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery | LOCATION (City, town, or county) (State) Pikesville Md.

DATE REC'D BY LOCAL REGISTRAR 12-6-54 | REGISTRAR'S SIGNATURE C. Fredrick E. Williams | 24. FUNERAL DIRECTOR Lukens & Sons | ADDRESS No Pikesville

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11185

11165 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MIDDLE RIVER
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pleasant Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Middle River - Balto 20
STREET ADDRESS (If rural, give location) 8715 Bird River Beach.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Howard (Last) Clark

4. DATE OF DEATH: (Month) Dec (Day) 9 (Year) 1954.

5. SEX: Male

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Feby 7/1875

9. AGE Last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Clark

14. MOTHER'S MAIDEN NAME: Susan Stevenson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mrs. Flora Reinhold. (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinomatosis of Lung. — INTERVAL BETWEEN ONSET AND DEATH: Over 6 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Coronary occlusion — Immediate

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) Dec (Day) 9 (Year) 54. (Hour) 5:30 AM

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. McCormick M.D. — ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☑ ~~ASSISTANT MEDICAL EXAM.~~ ☐ — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: Dec. 13, 1954 — NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery — LOCATION (City, town, or county) (State): Baltimore Maryland.

DATE REC'D BY LOCAL REG. 12-10-54 — REGISTRAR'S SIGNATURE A W Adkins

24. FUNERAL DIRECTOR — ADDRESS: Henry Sander & Sons Inc. Baltimore Maryland — Henry Sander

VS. A15A - 5 - 53

11186 11166

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8007 High Point Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 8007 High Point Road

3. NAME OF DECEASED (Type or Print) (First) LEAH ANN (Middle) CLENTON (Last)

4. DATE OF DEATH (Month) Dec. (Day) 2nd, (Year) 1954

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH June 7, 1954

9. AGE last birthday yrs. | If under 1 year Months 5 | Days 25 | If under 24 hrs Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto., Md. B.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Norman Clenton

14. MOTHER'S MAIDEN NAME Viola J. Mathewson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Gerald Major, 8017 High Pt. Rd. 14

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Third Degree burns 100% of body — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Parkville | (COUNTY) Balto | (STATE) Md

TIME OF INJURY (Month) Dec (Day) 2 (Year) 1954 (Hour) 12 37 m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Home burned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Arlin C. Hudson M.D. D.M.E. ADDRESS Towson Md DATE SIGNED 12/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial | DATE THEREOF Dec. 4, 1954 | NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery | LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 12/3/54 | REGISTRAR'S SIGNATURE J. M. Dacon | 24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

VS. A15A

2064181397

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11167

11187

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) —; LENGTH OF STAY (in this place) —; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6809 Bellona Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —; STREET ADDRESS (If rural give location) 6809 Bellona Ave.

3. NAME OF DECEASED: (Type or Print) (First) GRACE (Middle) S. (Last) COOPER

4. DATE OF DEATH: (Month) Dec. (Day) 30, (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Dec. 29, 1891

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Sloss

14. MOTHER'S MAIDEN NAME: Mary Crossman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Mr. Howard G. Cooper-6809 Bellona Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 Hours.

ANTECEDENT CAUSE (B) DUE TO —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946 to Dec 30, 1954, that I last saw the deceased alive on Dec 29, 1954, and that death occurred at 10:30 P. M., from the causes and on the date stated above.

SIGNATURE Charles F. O'Donnell M. D. ADDRESS 7501 York Rd DATE SIGNED 1/31/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 1/3/55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) West Middlesex, Pa. (State)

DATE REC'D BY LOCAL REGISTRAR 1-2-54 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Wm. J. Tiehner & Sons — ADDRESS —

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11168

11188 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville.
LENGTH OF STAY (in this place) 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY ST MARYS
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 532 N HIGHLAND.

3. NAME OF DECEASED: (Type or Print) (First) LUCY (Middle) ABLE (Last) COURTNEY

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW | 8. DATE OF BIRTH: 1-4-23 1874 | 9. AGE last birthday 80 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): MD, USA, | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? | 14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.1
IMMEDIATE CAUSE (A) Generalized Arteriosclerosis.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Malnutrition. DUE TO
(C) Dehydration.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1937, to Dec 29, 1954, that I last saw the deceased alive on Dec 29, 1954, and that death occurred at 8:55 A M, from the causes and on the date stated above.

SIGNATURE Spring Grove Hospital Catonsville Md | ADDRESS Mt Airy Md | DATE SIGNED 12/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12-31-54 | NAME OF CEMETERY OR CREMATORY St Johns | LOCATION (City, town, or county) (State) Hollywood Md

DATE REC'D BY LOCAL REGISTRAR 12/30/54 | REGISTRAR'S SIGNATURE V. E. Harry | 24. FUNERAL DIRECTOR ADDRESS Jos. C. Mattingly Leonardtown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11169

11189 # CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 13 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 22
STREET ADDRESS (If rural give location) 3464 YORKWAY

3. NAME OF DECEASED: (Type or Print) (First) FRANCIS (Middle) W. (Last) COWARD

4. DATE OF DEATH: (Month) (Day) (Year) DECEMBER 6 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: NOVEMBER 29, 1917

9. AGE last birthday 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GUARD

10B. KIND OF BUSINESS OR INDUSTRY: BENDIX CORPORATION

11. BIRTHPLACE (State or foreign country): FREEPORT, PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: CHARLES COWARD

14. MOTHER'S MAIDEN NAME: ELIZABETH MN: HUTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 211-07-6503

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP., FORT HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CALCIFIC DISEASE OF AORTIC VALVE WITH STENOSIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from NOV. 23, 1954, to DEC. 6, 1954, and that death occurred at 7:25 A.M., from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 12-6-54

M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 12-6-54 — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR DEC. 8-54 — REGISTRAR'S SIGNATURE Dawson L. Hedrick — FUNERAL DIRECTOR AND ADDRESS BRADLEY FUNERAL HOME 700 WILLOW SPRINGS RD. BALTIMORE, MARYLAND

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC
DEC
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11171

11190 CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fusting Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 34 1/2
STREET ADDRESS (If rural give location) 1444 Boyd St.

3. NAME OF DECEASED: (First) Henry (Middle) C. (Last) Craig
4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M.	W	M	12-25-78	76 yrs.	

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Detective	B. O.	Balto.	

13. FATHER'S NAME: John
14. MOTHER'S MAIDEN NAME: Eliz Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW I		Family Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency — Interval Between Onset And Death: 1 hr.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chr. Hypertensive Cardio-Vascular Disease — 10 yr.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-15 ,1954, to 12-27 , 1954, that I last saw the deceased alive on 12-27 , 1954, and that death occurred at 2.03 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Nelson K. Gallagher	M.D.	Catonsville 28, Md.	12-27-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-31-54	New Dover 198	Balto.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
12-29-54	[illegible]	J. F. Kenny	130 E. Fort Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11172

11191 **CERTIFICATE OF DEATH** Reg. Dist. No. [illegible]

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PATONSVILLE
LENGTH OF STAY (in this place) 16 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 4616 MAGNOLIA AVE.

3. NAME OF DECEASED: (First) SADIE (Middle) (Last) DAVIS
4. DATE OF DEATH: (Month) (Day) (Year) 12-14-1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 8-6-1878
9. AGE last birthday 76 yrs IF UNDER 1 YEAR Months 4 Days 8 IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY: OWN Home
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JAMES R. MALTBIE
14. MOTHER'S MAIDEN NAME. MATTIE T. GRAY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS. WILMER DAVIS - 4616 Magnolia Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) Pulmonary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST.

DUE TO (B) arteriosclerotic cardio-vascular disease — years

DUE TO (C) generalized arteriosclerosis — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. diabetic gangrene, right foot

19A. DATE OF OPERATION.
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-11- , 1954, to 12-14- , 1954 that I last saw the deceased alive on 12-14- , 1954, and that death occurred at 1:55 A M, from the causes and on the date stated above.

SIGNATURE Harold E. Edwards M.D. ADDRESS Spring Grove Hospital DATE SIGNED 12-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12/17/54
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11173

11192

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore 19. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sparrows Point (19) | LENGTH OF STAY (in this place) 21 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2119. Lincoln Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ww
STREET ADDRESS (If rural, give location) #1.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Nancy (Last) Davison.

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Oct. 13. 1872	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Own home	Pennsylvania	U.S.A

13. FATHER'S NAME: Daniel Harvey.

14. MOTHER'S MAIDEN NAME: Mary Jane Hadley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none.

17. INFORMANT & ADDRESS: Mrs Pugh - address as in #1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Myocardial Failure	Sudden.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertensive Cardio Vascular disease	12 yrs.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to Dec 10, 1954, that I last saw the deceased alive on Dec. 10, 1954, and that death occurred at 3:55 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Louis N. Lellin. M.D. 6908 North Pt Rd. Balto. 19. Md 12/10/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12-13-54	PARKWOOD	BALTO. CO. MD.

DATE REC'D BY LOCAL REG'R	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec. 13-54	Dawson L. Frasher	Walter Brooks Bradley, Dundalk, Md.

DEC

11193

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11174

CERTIFICATE OF DEATH

Reg. Dist. No. 3/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Wards Chapel Road COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural 1-Marriottsville
STREET ADDRESS (If rural give location) Wards Chapel Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Henry	---	Doll	December 2, 54 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Oct 1st, 1880	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Butcher		Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis Doll	Ida Conguette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Mrs Annie E. Doll, Marriottsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gangrene R. leg	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular Disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr. Nephritis, Dementia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19 54, to 12/2/, 19 54, that I last saw the deceased alive on 12/2/, 19 54, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E. Martin M.D. Randallstown Md 12/2/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 6, 54.	Loudon Park	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/2/54	Wm. E. Martin	F.B. Wippert-1300 Eutaw Place

VS. A15

DEC
BUREAU

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

11194

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11175

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 37 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) R. (Last) DOWLING

4. DATE OF DEATH: (Month) December (Day) 23, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 3-14-79

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: Grocer

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John R. Dowling

14. MOTHER'S MAIDEN NAME: (Given name unknown) Jaines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) CW

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) BRONCHOGENIC CARCINOMA

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1954, to Dec. 23, 1954, that I last saw the deceased alive on [illegible], and that death occurred at 6:10P M, from the causes and on the date stated above.

SIGNATURE Harold S. Tidler
HAROLD S. TIDLER, M. D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 12/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12/26/54
NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery
LOCATION (City, town, or county) (State) Rock Hall, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec. 24-5-4
REGISTRAR'S SIGNATURE Dawson L. Harber

24. FUNERAL DIRECTOR ADDRESS Edgar Lane Funeral Home Church Hill, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11176

CERTIFICATE OF DEATH

11195

Reg. Dist. No. 40

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) FORK
LENGTH OF STAY (In this place) 3 MOS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bottom Rd, P.O. Hyde, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville
STREET ADDRESS (If rural give location) Rt #1

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) ANN (Last) DUNCAN

4. DATE OF DEATH: (Month) DECEMBER (Day) 8 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: OCT 15, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 1, Days 23; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOME MAKER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: CHARLES DUNCAN, STREET, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) COMA SENILITY AND DEBILITY — Interval Between Onset And Death: 5 MOS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) DIABETES MELLITUS, HYPERTENSIVE — 8 YRS.
DUE TO (c) CARDIO-VASCULAR DISEASE WITH ARTERIO SCLEROSIS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. BROKEN ARM 2 YRS AGO.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. ,1954, to Dec 8, 1954, that I last saw the deceased alive on Dec 8, 1954, and that death occurred at 3:50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip W. Heuman M.D. ADDRESS 307 Hickory Bel Air, Md DATE SIGNED 8 Dec 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/11/54 — NAME OF CEMETERY OR CREMATORY Fellowship — LOCATION (City, town, or county) Pylesville (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec. 9-1954 — REGISTRAR'S SIGNATURE C. E. Arthur D.F.

24. FUNERAL DIRECTOR Charles E. Kurtz ADDRESS Parkton, Md

12/10/54

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

11155 11177

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2414 Edna Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 2414 Edna Avenue

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) A. (Last) DUNKERLY

4. DATE OF DEATH (Month) (Day) (Year): Dec. 13th., 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 25th 1864
9. AGE last birthday: 90 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Frank Bond
14. MOTHER'S MAIDEN NAME: Miss Kanoles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Jos. W. Merson 119 Elizabeth Avenue Lansdorne, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia - bronchitis — Interval between onset and death: 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypostatic & enlarged heart — Indefinite

(c) Coronary thrombosis for a long time

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Dec., 1954, to 13 Dec., 1954, that I last saw the deceased alive on 12 Dec., 1954, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Fernando F. Nicholetti ADDRESS: 4711 Roland Ave DATE SIGNED: 14 Dec 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 15th 1954
NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12-14-54
REGISTRAR'S SIGNATURE: A.W.Hedrich
24. FUNERAL DIRECTOR: Phillis Lamotray
ADDRESS: 4510 Liberty Heights Avenue

dmr.

VS. A15

11178

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11156 CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RELAY
LENGTH OF STAY (In this place) 4 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1101 FRANCIS AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RELAY
STREET ADDRESS (If rural give location) 1101 FRANCIS AVE

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) L. (Last) EHRHARDT

4. DATE OF DEATH: (Month) DEC. (Day) 8 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: AUG. 23, 1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHRISTIAN FROMG

14. MOTHER'S MAIDEN NAME: ELIZABETH KOCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 196-09-2741

17. INFORMANT & ADDRESS: GLADYS COLE 1101 FRANCIS AVE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
44 2y
IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive Cardio — 5 yrs +
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Vascular disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Arteriosclerosis — 40

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19 ..., to Dec. 8, 1954, that I last saw the deceased alive on Dec. 7, 1954, and that death occurred at 1-30 P.M., from the causes and on the date stated above.

SIGNATURE M.D. — ADDRESS 1010 Leeds Ave — DATE SIGNED Dec 10 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF 12-[illegible]54 — NAME OF CEMETERY OR CREMATORY: LOUDON PARK — LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: Dec 10 54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Joseph T. Lambert Jr. 1828 Edgewood Rd.

RECEIVED
DEC. 13 1954
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11179

11196 CERTIFICATE OF DEATH

Reg. Dist. No. ..

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 2308 POPLAR DRIVE

3. NAME OF DECEASED: (Type or Print) (First) EWWIN (Middle) H. (Last) EICKELBERG

4. DATE OF DEATH: (Month) DECEMPER (Day) 29 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 5/28/92

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman

10B. KIND OF BUSINESS OR INDUSTRY: Dupont Company

11. BIRTHPLACE (State or foreign country): Evansville, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hugo Eickelberg

14. MOTHER'S MAIDEN NAME: Selma Kaiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: CLIN. REC., VET.ADM.HOSP., FT. HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 4 WEEKS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) ARTERIOSCLEROSIS DUE TO — UNKNOWN

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN

19A. DATE OF OPERATION: 12/23/54

19B. MAJOR FINDINGS OF OPERATION: VENTRICULOGRAM

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15., 1954, to Dec 29..., 1954, that I last saw the deceased alive on xxxxxxxxxxxxxxxxxxxx and that death occurred at 4:05 PM, from the causes and on the date stated above.

SIGNATURE AND TITLE OF M. D. JOSEPH SHEAR M.D. — ADDRESS VAH, FT. HOWARD, MD. — DATE SIGNED 12/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1/3/54 — NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery — LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 12-30-54 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR W. J. TICKNER & SONS — ADDRESS North & Pennsylvania Avenues Baltimore, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11180

11197

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A45 — 10 - 53

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 218 Slade Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural
STREET ADDRESS (If rural give location) 218 Slade Ave.

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) E (Last) Elliott

4. DATE OF DEATH: (Month) Dec. (Day) 16 (Year) 19 54

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed — 8. DATE OF BIRTH: Dec. 11 1876 — 9. AGE last birthday 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Baltimore — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Fowler — 14. MOTHER'S MAIDEN NAME: Annie R Blizzard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS. Frances Scardina 218 Slade Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Pulmonary Edema — several hrs.

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Arteriosclerotic C.V.D. — years
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19 54 to Dec 16 19 54, that I last saw the deceased alive on Dec 15 19 54, and that death occurred at 8 A M, from the causes and on the date stated above.

SIGNATURE J. Hightstein — ADDRESS M. D. 888 W. Lombard St — DATE SIGNED 12-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Dec. 18, 1954 — NAME OF CEMETERY OR CREMATORY: Woodlawn — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: Wm Cook Inc — ADDRESS: 1217 St Paul St

11181

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11198 **CERTIFICATE OF DEATH** Reg. Dist. No. 38

1. PLACE OF DEATH: Balto. COUNTY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 606 Bosley Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: Md. STATE Balto. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 606 Bosley Ave.

3. NAME OF DECEASED: (First) HARRY (Middle) (Last) ELLIS
4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Apr. 12, 1875	79 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
rtd	C & P Tel Co	Maryland	

13. FATHER'S NAME: Robert Ellis
14. MOTHER'S MAIDEN NAME: Mary Scheckells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
no		no	Mrs. Ursula W. Ellis-606 Bosley Ave. Towson.Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) OCCLUSION, CORONARY ARTERY of HEART — 2 days.

ANTECEDENT CAUSE (S) DUE TO (B) ARTERIOSCLEROSIS — 10 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) SENILITY — 10 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Natl
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to Dec 12, 19..., that I last saw the deceased alive on Dec 12, 19 54, and that death occurred at 12:30 P M, from the causes and on the date stated above.
SIGNATURE A. J. Ohrenstein M.D. ADDRESS 6210 York Rd. DATE SIGNED Dec 13 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/15/54	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-14-54	A.W.Hedrich dmr.	Wm. J. Fichner & Sons.	Balto Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11182

11199

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH: Spring Grove Hospital
COUNTY Baltimore 25 MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (In this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: 221 Taylor Avenue
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 221 Taylor Avenue

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Fairbank

4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: June 28-1867 | 9. AGE last birthday 87 yrs. | IF UNDER 1 YEAR Months 3 Days 27 | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister | 10B. KIND OF BUSINESS OR INDUSTRY: Methodist Church | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Fairbank

14. MOTHER'S MAIDEN NAME: Caroline Mercer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: James Fairbank
1405 Stonewood Road, Balto.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

IMMEDIATE CAUSE (A) Pneumonia, lobar

ANTECEDENT CAUSE (S) DUE TO Arteriosclerosis, general

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Malnutrition

(C)

INTERVAL BETWEEN ONSET AND DEATH: 24 hours

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3, 1954, to 12-25, 1954, that I last saw the deceased alive on 12-25, 1954, and that death occurred at 4:10 PM, from the causes and on the date stated above.

SIGNATURE M. D. Wayne Williams ADDRESS Spring Grove State Hospital DATE SIGNED 12-25-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12-28-54 | NAME OF CEMETERY OR CREMATORY Forest Lake | LOCATION (City, town, or county) (State) Gaithersburg Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 26, 1954 | REGISTRAR'S SIGNATURE V. E. Harry | 24. FUNERAL DIRECTOR Ernest C. Gaither ADDRESS Gaithersburg Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **11183**

11200 CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Towson
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Annacost Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City 3 V.H.
STREET ADDRESS (If rural, give location) 615 W. University Pky.

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) — (Last) Firoved

4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug 1873

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David Firoved

14. MOTHER'S MAIDEN NAME: Martha Alguire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Geo. A. Warner - 615 W. University

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 8 Days
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerotic Cardio-Renal
DUE TO
(c) Varicose Decome 10 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Nov, 1952, to Dec, 1954, that I last saw the deceased alive on Dec 7, 1954, and that death occurred at 6 P m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) Edward F. O'Donnell MD ADDRESS 750 York Rd DATE SIGNED 12/6/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Dec 7 54
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. 12-6 54
REGISTRAR'S SIGNATURE G. W. Fredrick Jr.

24. FUNERAL DIRECTOR Stewart Mortuary
ADDRESS 1 E. Saratoga St. Balto.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11184

CERTIFICATE OF DEATH

11157

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1022 Leeds Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 1022 Leeds Ave.,

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Bernard Joseph Fischer

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 31, 1954 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 28, 1887

9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Boiler Maker Coppers Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George T. Fischer

14. MOTHER'S MAIDEN NAME: Catherine Hyrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Amelia Fischer, 1022 Leeds Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute coronary occlusion	1/2 Hour
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) coronary sclerosis	unknown
DUE TO		
	(c) arteriosclerotic cardiovascular disease	unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-31-54 19..... to 12-31-54, 19....., that I last saw the deceased alive on 12-31-54, 19....., and that death occurred at 9 PM m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Nathan Raevsin md 206 S. Gilmor St. Balto 23 Md 12-31-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 1-3-55
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Jan. 3 54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard 4107 Wilkens Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JAN 4 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11185

CERTIFICATE OF DEATH

Reg. Dist. No. 3 8

Item 9, Film C174 12-16-54 et

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville — LENGTH OF STAY (In this place) 14 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) Cockeysville Masonic Home

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Marie (Last) Flautt

4. DATE OF DEATH: (Month) Dec (Day) 8 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Dec 9 1866

9. AGE last birthday 88/87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bernard Neuhaus

14. MOTHER'S MAIDEN NAME: Anna Maria Remeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bilateral Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertensive Cardio-vascular dis — Years.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile psychosis — 14 years.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1950 to Dec 8, 1954, that I last saw the deceased alive on Dec 8, 1954, and that death occurred at 5-04 P M, from the causes and on the date stated above.

SIGNATURE Frederick E. Phillips M.D. ADDRESS Spring Grove Hosp. DATE SIGNED 12/8/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12/13/54 — NAME OF CEMETERY OR ~~CREMATORY~~ Arlington National — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 12-9-54 — REGISTRAR'S SIGNATURE A W Hedrick — 24. FUNERAL DIRECTOR Wm Cook, Inc. — ADDRESS 1217 N. Fulton

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11186

MARYLAND 11202

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Reisterstown; LENGTH OF STAY (in this place) 6 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Roadside Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Milton (Last) Fisher

4. DATE OF DEATH: (Month) December (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 6, 1874

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jeremiah Fisher

14. MOTHER'S MAIDEN NAME: Sarah Frazer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Celina Fraser, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval between onset and death: 30 Minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C.V. Disease with Cardiac Decompensation — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September, 1954, to December, 1954, that I last saw the deceased alive on December 1, 1954, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin E. Strobel M.D. ADDRESS Reisterstown, Md. DATE SIGNED 12/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 12-10-54 | NAME OF CEMETERY OR CREMATORY Springfield | LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REG. Dec. 9, 1954 | REGISTRAR'S SIGNATURE Mary B. Zepp | 24. FUNERAL DIRECTOR Arthur H. Haight ADDRESS Sykesville Md

MARGIN RESERVED FOR BINDING

DEC 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11187

11203 CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: Baltimore COUNTY MARYLAND STATE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (In this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Towson Conv. Home. 301 W. Chesapeke Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE Baltimore COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 9 Cedar Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ignatius (Middle) Pembroke (Last) Ford

4. DATE OF DEATH: (Month) Dec (Day) 25, (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: Nov. 9, 1864 | 9. AGE last birthday 90 yrs. | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Dry Cleaning
11. BIRTHPLACE (State or foreign country): St. Mary's Cty
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. Francis Ford
14. MOTHER'S MAIDEN NAME: Alice Pembroke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs Florence Hallam 9 Cedar Ave. Towson, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 + X

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Hyper Tension Cardio Renal
(C) Vascular Disease — 10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1950, to Dec. 25, 1954, that I last saw the deceased alive on Dec 24., 1954 and that death occurred at 3:45 P M, from the causes and on the date stated above.

SIGNATURE Charles F. O'Donnell M.D. ADDRESS 7501 York Rd. Bal to 4 DATE SIGNED 12/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Dec 28, 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS John A. Moran, 3000 E. Balto. St #21 per Edwin M. Stanley

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11188

11204

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SP. PT.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 416 E ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SP. PT.
STREET ADDRESS (If rural, give location) 416 E ST.

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) L (Last) FORSYTH

4. DATE OF DEATH: (Month) DEC. (Day) 28 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	M	DEC. 2-1888	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
FIRE MAN	BETH. STEEL	MD.	

13. FATHER'S NAME: JOSEPH FORSYTH

14. MOTHER'S MAIDEN NAME: CARRIE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: CLARA FORSYTH SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Insufficiency	1 hr.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic H.D. Insuff.	3 yrs.
DUE TO		
	(c) Chron. Bronchial Asthma	15 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Oct 1, 19 54, to Dec 28, 19 54, that I last saw the deceased alive on Dec 28, 19 54, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
James L. Mears	M.D.	510 E St. Balto 19 Md	12-29-54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	DEC. 31-1954	OAK LAWN	BALTO. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-31-54	A W Schenck	John D Connelly	Essex 21 Md.

514 c. St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11189

11205 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1007 Mount St.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 110 Fairfield Rd.

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) R. (Last) FREY

4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1954

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED | 8. DATE OF BIRTH: Aug. 10, 1868 | 9. AGE last birthday: 86 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Rhodie
14. MOTHER'S MAIDEN NAME: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Catonsville Mr. Donald P. Frey - 110 Fairfield Drive

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 wk.

ANTECEDENT CAUSE (B) DUE TO Chronic Hypertensive Cardio-Vascular Disease — 10 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-23, 1951, to 12-17, 1954, that I last saw the deceased alive on 12-16, 1954, and that death occurred at 6.00 A.M., from the causes and on the date stated above.

SIGNATURE Wilmer K. Gallagher M.D. ADDRESS Catonsville-28 Md. DATE SIGNED 12-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 12/20/54 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 12/20/54 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons ADDRESS: Relay Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11190

11206

CERTIFICATE OF DEATH

Reg. Dist. No. 22

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1846 Reisterstown

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 1846 Reisterstown Rd.

3. NAME OF DECEASED: (First) Jessie (Middle) Rea (Last) Fromm
4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 4-21-1887
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Milton Brown
14. MOTHER'S MAIDEN NAME: Mary Darling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Katherine B. Buckman

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 IMMEDIATE CAUSE (A) DUE TO Carcinoma of Lt. Breast & metastases — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1952 ?
19B. MAJOR FINDINGS OF OPERATION: Carcinoma Lt breast
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Apr., 1954, to 10 Dec, 1954, that I last saw the deceased alive on 10 Dec., 1954, and that death occurred at 11 20 A M, from the causes and on the date stated above.

SIGNATURE Paul H Royer M.D. ADDRESS Pikesville 8 Md DATE SIGNED 11 Dec 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-13-54
NAME OF CEMETERY OR CREMATORY Stone Chapel
LOCATION (City, town, or county) (State) Pikesville, Md

DATE REC'D BY LOCAL REGISTRAR December 11 1954
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR Frank H. Meerdt ADDRESS Pikesville Md

11207

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11191

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria Glenarm Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLEN ARM
STREET ADDRESS (If rural, give location) NOTCH CLIFF

3. NAME OF DECEASED (Type or Print): (First) Sister Mary (Middle) Rosomunda (Last) Fuchs

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: March 15. 1869 | 9. AGE last birthday: 85 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS | 11. BIRTHPLACE (State or foreign country): Wurtenberg Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Melchior Fuchs | 14. MOTHER'S MAIDEN NAME: Johanna Leuth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Sr. Mary Clara Notch Cliff, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular renal — 9 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to Dec. 29, 1954, that I last saw the deceased alive on Dec. 28, 1954, and that death occurred at 7.50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sister Rosamunda

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12-31-54.	VILLA MARIA CEM.	NOTCH CLIFF NR TOWSON, MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-30-54	A. L. Hubner	Charles J. Feiler	901 S. CONKLING ST. BALTO., 24, MD.

11208

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11192

CERTIFICATE OF DEATH

Reg. Dist. No. 4 D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto; MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fullerton; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS E Joppa + Gerst Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fullerton P O; STREET ADDRESS (If rural, give location) E Joppa + Gerst Rd

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) T (Last) Gerst

4. DATE OF DEATH: (Month) Dec (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 22 1887

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Kahl

14. MOTHER'S MAIDEN NAME: Barbara Noppenberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Geo. C. Gerst E Joppa + Gerst Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral apoplexy — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardio vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1954, to Dec 13, 1954, that I last saw the deceased alive on Dec 13, 1954, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE: J M Cunningham (Degree or title) MD ADDRESS Balto 6 Md DATE SIGNED 12/13/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12/16/54

NAME OF CEMETERY OR CREMATORY: St Joseph's Cem

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: Dec 15/54

REGISTRAR'S SIGNATURE: William Hammett

24. FUNERAL DIRECTOR: Lansdale Funeral Home ADDRESS 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11193

11158 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
LENGTH OF STAY (In this place) 15 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5530 WILLYS AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
STREET ADDRESS (If rural give location) 5530 WILLYS AVE

3. NAME OF DECEASED: (Type or Print) (First) THEODORE (Middle) THOMAS (Last) GESELL

4. DATE OF DEATH: (Month) DEC. (Day) 2, (Year) 1954

5. SEX M. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED | 8. DATE OF BIRTH: NOV. 24, 1882 | 9. AGE last birthday 72 yrs. | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PICTURE FRAME FITTER
10B KIND OF BUSINESS OR INDUSTRY: FURST BROTHERS
11 BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME: THEODORE GESELL
14. MOTHER'S MAIDEN NAME: MARY

15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16 SOCIAL SECURITY NO. 215-01-5674A
17. INFORMANT & ADDRESS: MRS IDA GESELL, 5530 WILLYS AVE. BALTO. 27, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hepatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Chronic Myocarditis — 3 yr.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1954, to Dec 2, 1954, that I last saw the deceased alive on Dec 1, 1954, and that death occurred at 12-10 P.M., from the causes and on the date stated above.
SIGNATURE Willard St Parson, M.D. ADDRESS 1711 Eutaw Pl DATE SIGNED 12-3-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF DEC. 6/54 | NAME OF CEMETERY OR CREMATORY LORDON PARK | LOCATION (City, town, or county) (State) BALTO, MD.

DATE REC'D BY LOCAL REGISTRAR 12-3-54 | REGISTRAR'S SIGNATURE a. W. Hedrick | 24 FUNERAL DIRECTOR Harry H. Lutz | ADDRESS 4101 EDMONDSON AVE.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11194

11209 CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY BALTO.
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN SPARROWS POINT
MARYLAND LENGTH OF STAY (in this place) 30 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 904 E STREET

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTO
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SPARROWS POINT (19)
STREET ADDRESS (If rural give location) 904 E STREET

3. NAME OF DECEASED: (Type or Print) (First) LEONA (Middle) TRACY (Last) GLENN

4. DATE OF DEATH: (Month) 12-1-54 (Day) (Year) 19

5. SEX: FEM.

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 4-20-1902

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): UTAH

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN M. TRACY

14. MOTHER'S MAIDEN NAME: SCENA LARSEN

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No: NONE

17. INFORMANT & ADDRESS: THOMAS A. GLENN (SAME AD)

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cardio-respiratory failure	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized carcinomatosis	2 years
	DUE TO (c) Carcinoma of [redacted] colon	2 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 6, 1953

19b. MAJOR FINDINGS OF OPERATION: Papillary carcinoma of colon, Grade II

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to Dec, 1954, that I last saw the deceased alive on Dec 1, 1954, and that death occurred at 3:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert E. Farber M.D. ADDRESS 914 D St. Sparrows Point DATE SIGNED 12-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 12-4-54

NAME OF CEMETERY OR CREMATORY OAK LAWN

LOCATION (City, town, or county) (State) BALTO. Co. Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 3-54

REGISTRAR'S SIGNATURE Dawson L. Farber

24. FUNERAL DIRECTOR Walter Burke Brooklyn, Glendale, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11210 **CERTIFICATE OF DEATH** Reg. Dist. No. 11195 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3308 Putty Hill Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
STREET ADDRESS (If rural give location) 3308 Putty Hill Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Mary (Last) Gobrecht

4. DATE OF DEATH: (Month) Dec. (Day) 22nd (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	separated	March 3, 1871	83 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ernest Schroeder
14. MOTHER'S MAIDEN NAME: Matilda Ehling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Matilda Westley, 3308 Putty Hill Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Acute dilitation of heart	2 hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Chronic myocarditis	14 yrs.
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) none
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1940, to Dec. 22, 1954, that I last saw the deceased alive on Dec. 21, 1954, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

SIGNATURE G. M. Bacon M. D. ADDRESS 2810 Taylor Ave. Parkville Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Dec. 24, 1954
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 12/22/54
REGISTRAR'S SIGNATURE G. M. Bacon
24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

Dr. Bacon

2810 Taylor

MARYLAND STATE DEPARTMENT OF HEALTH

11211

11196

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: BALTO. CO.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE — LENGTH OF STAY (In this place): 57 yr.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9 BISHOPS LANE	STREET ADDRESS (If rural, give location): 9 BISHOPS LANE

3. NAME OF DECEASED (Type or Print): (First) ROSINA (Middle) E. (Last) GRABER				4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 54 19			
5. SEX: F	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE	8. DATE OF BIRTH: 1/17/1897	9. AGE last birthday: 57 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK	10b. KIND OF BUSINESS OR INDUSTRY: GAS-ELEC. CO	11. BIRTHPLACE (State or foreign country): Md.		12. CITIZEN OF WHAT COUNTRY?: U.S.A.			
13. FATHER'S NAME: PETER S. GRABER			14. MOTHER'S MAIDEN NAME: CHRISTINA HAYDOCK				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT: ROBERT GRABER				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?	

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Rev. M. Kieffer M.D. Rev. Med.	Edgar Balto. 1010 Leadenhall	12-6-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12/9/54	CATHEDRAL	BALTO. MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/9/54	W.E. Harry	MACNABB & SON	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11197

11212

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2031 Eutaw Place

3. NAME OF DECEASED: (First) JAMES (Middle) H. (Last) GRIFFITH, SR.

4. DATE OF DEATH: (Month) December (Day) 11, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10/3/09
9. AGE last birthday 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Niagara Falls, New York
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Hiram H. Griffith
14. MOTHER'S MAIDEN NAME: Mary Boland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk?) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 220-09-8895
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF RIGHT LUNG — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec.4, , 1954 to Dec.11, 1954 and that death occurred at 11:25 P.M., from the causes and on the date stated above.

SIGNATURE William B. Vandegrift
WILLIAM B. VANDEGRIFT, M.D.
ADDRESS M. D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED 12/13/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Dec. 15,1954
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS Wm. Cook-Blight Inc. Funeral Home 6009 Harford Road, Balto., 14, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11146 CERTIFICATE OF DEATH

11198 Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 1929 Dundalk Ave

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) F (Last) Haines Hanes

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 11 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Machinst ret

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Haines

14. MOTHER'S MAIDEN NAME: Catherine Trimmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Yes Spanish Am

16. SOCIAL SECURITY No: 220-01-1788

17. INFORMANT & ADDRESS: Mrs Sophia Haines 1929 Dundalk Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Asthmatic Bronchitis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchiectasis DUE TO

(c)

Interval Between Onset And Death: (a) 10 yrs (b) 10 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema — 20 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8, 1954, to 12-24, 1954, that I last saw the deceased alive on 12-24, 1954, and that death occurred at 11:50 PM, from the causes and on the date stated above.

SIGNATURE Jack L Collins (Degree or title) M.D. ADDRESS 2 Kenilworth Rd DATE SIGNED 12-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec 28/54

NAME OF CEMETERY OR CREMATORY Holy Redeemer

LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REGISTRAR Dec 29-1954

REGISTRAR'S SIGNATURE William M. Kelly

24. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2112 Dundalk Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11199

CERTIFICATE OF DEATH

11213 Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28 LENGTH OF STAY (in this place) Dec 3.18.54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mayland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 16
STREET ADDRESS (If rural give location) 4509 Clifton ~~Terrace~~ ROAD

3. NAME OF DECEASED: (Type or Print) (First) ELSIE (Middle) ALBAUGH (Last) HARGETT
4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 9.5.1874
9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eugene Albaugh
14. MOTHER'S MAIDEN NAME: Emma Mc Kinsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. ~~None~~
17. INFORMANT & ADDRESS. Records Spring Grove State Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Acute small intestinal obstruction
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Strangulated ischiorectal hernia DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic heart disease

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16-..., 1954, to 12-6-..., 1954, that I last saw the deceased alive on ....., 19....., and that death occurred at 2:45 P.M., from the causes and on the date stated above.
SIGNATURE S. Wachter M.D. ADDRESS Spring Grove State Hosp. Catonsville 28 Md. DATE SIGNED 12-6-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL (SPECIFY)~~ Burial
DATE THEREOF Dec. 8, 1954
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland.

DATE REC'D BY LOCAL REGISTRAR 12-7-54
REGISTRAR'S SIGNATURE A. E. Hedrick
24. FUNERAL DIRECTOR Wm. J. Tuckner & Sons, Inc.
ADDRESS Balto., Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11147

11200
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt
LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Avondale Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural, give location) 223 Front St.

3. NAME OF DECEASED: (First) Mamie (Middle) Johnson (Last) Harris.
4. DATE OF DEATH (Month) Dec (Day) 26 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fem.	Col.	Widow	1898	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Bullocks N.C.	U. S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	—	Wm. Holton - Son-in-law - Turners Station Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Immediate
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Carbo Vascular Disease	Unknown
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12 26 1954 4:30 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. M. Learmont M. D.
~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☑ ~~ASSISTANT MEDICAL EXAM.~~ ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-29-54	—	Oxford N.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	—	Samuel W. Sullivan Jr.	Balto. Md

Item 18 Film G174 12-17-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11201

11159

CERTIFICATE OF DEATH

Reg. Dist. No. 6/2

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place) 6 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. 1808 Summit Ave. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) (Last) Harthousen

4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 1954.

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 17, 1880

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Scholl

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Geo. J. Harthousen, Jr. Ridge Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17-4X

Immediate cause (a) Generalized Carcinomatosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary site: Uterus

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/3, 1954, to 12/7, 1954, that I last saw the deceased alive on 12/6, 1954, and that death occurred at 6 30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John L. Healy M.D. Halethorpe Md 12/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: Dec. 10-54

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Ritchie Highway

DATE REC'D BY LOCAL REG. 12-8-54

REGISTRAR'S SIGNATURE: C. L. Hedrick Jr.

24. FUNERAL DIRECTOR / ADDRESS: Gertrude Kenny 5646 Carville Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11202

CERTIFICATE OF DEATH

Reg. Dist. No. (2)

11214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Catonsville

LENGTH OF STAY (in this place): 1 week

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shady Nook Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City

STREET ADDRESS (If rural, give location): 5 Beechdale Rd.

3. NAME OF DECEASED (Type or Print): (First) Lola (Middle) Virginia (Last) Hayward

4. DATE OF DEATH: (Month) Dec. (Day) 17, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 26, 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Pocomoke City, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Lambden

14. MOTHER'S MAIDEN NAME: Virginia Bohm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Stuart C. Smith, 5008 Greenleaf Rd. Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 2 Days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) arteriosclerosis — 5 years

DUE TO

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 36, 19 36, to Dec 17, 19 54, that I last saw the deceased alive on Dec 16, 19 54, and that death occurred at 5:A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

[signature] 1118 St. Paul St. Balto. Dec. 17, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 20, 1954

NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery

LOCATION (City, town, or county) (State): Pikesville, Balto. Co., Md.

DATE REC'D BY LOCAL REG.: Dec 17 1954

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: John O. Mitchell & Sons Inc. 1900 Eutaw Place,

Items 18 & 22 Filled 12-7-8-55 ams

11148

11203 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 201 S. Woodrow Ave.

3. NAME OF DECEASED: (Type or Print) (First) STEWART (Middle) LEE (Last) HELLER

4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1954 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 9 1954

9. AGE last birthday: 19 days yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto.City, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Donald Heller

14. MOTHER'S MAIDEN NAME: Katherine Bloomer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Lcv Parke H Heller 31 Yorkway Dundalk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 415X Upper respiratory infection

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. H. Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Dec. 28, 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/31/54	Oak Lawn Cemetery	Balto Co

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-29-54	Mrs Audrey G. [illegible]	Wilhelm Funeral Home	2112 Dundalk Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11264

11160

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5105 Leeds Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus
STREET ADDRESS (If rural give location) 5105 Leeds Ave.

3. NAME OF DECEASED: (Type or Print) (First) SIEGFRIED (Middle) J. (Last) HEMBERGER

4. DATE OF DEATH: (Month) Dec. (Day) 28 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 24, 1895

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Draftsman

10B. KIND OF BUSINESS OR INDUSTRY: Illustrating

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theodore Hemberger

14. MOTHER'S MAIDEN NAME: Emma Conrad

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-09-2794

17. INFORMANT & ADDRESS: Mrs. Mary Hemberger-5105 Leeds Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSE (B) DUE TO Generalized Arteriosclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Coronary Occlusion — 1951

19A. DATE OF OPERATION: March 1954

19B. MAJOR FINDINGS OF OPERATION Simple Appendectomy

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19.., to Dec 28, 1954, that I last saw the deceased alive on Dec 24, 1954, and that death occurred at 9:30 P. M., from the causes and on the date stated above.

SIGNATURE Calistus Mark M. D. ADDRESS 4501 W. Lexington DATE SIGNED 12-27-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12/31/54 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 12-30-54 | REGISTRAR'S SIGNATURE Rae Redline | 24. FUNERAL DIRECTOR Wm. J. Pickens & Sons | ADDRESS Balto 17 Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11205

11215

CERTIFICATE OF DEATH

Reg. Dist. No. 3

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 10yr.2mo.11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2817 Pelham Avenue

3. NAME OF DECEASED: (Type or Print) (First) Carl (Middle) (Last) Hermani

4. DATE OF DEATH: (Month) (Day) (Year) 12-17-1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-29-1903

9. AGE last birthday 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist

10B KIND OF BUSINESS OR INDUSTRY: Can company

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christian Hermani

14. MOTHER'S MAIDEN NAME: Marie?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

IMMEDIATE CAUSE (A) Acute diffuse bronchopneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S' DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis — Years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15-, 1954 to 12-17-, 1954, that I last saw the deceased alive on 12-17-, 1954, and that death occurred at 10:a.M, from the causes and on the date stated above.

SIGNATURE S. Wachsler M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 12-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Dec. 21, 1954

NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

LOCATION (City, town, or county) (State) Parkville, Md.

DATE REC'D BY LOCAL REGISTRAR 12/20/54

REGISTRAR'S SIGNATURE A. W. Fletcher

24. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 4210 Belair Road

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11206

11216

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): FORT HOWARD
LENGTH OF STAY (in this place): 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ESSEX (BALTIMORE 21)
STREET ADDRESS (If rural give location): 210 POPLAR ROAD

3. NAME OF DECEASED: (First) LEONARD (Middle) (NMI) (Last) HESSENAUER
4. DATE OF DEATH: (Month) DECEMBER (Day) 8, (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: APRIL 29, 1894
9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: COUNTY ROADS
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: LEONARD D. HESSENAUER
14. MOTHER'S MAIDEN NAME: ELIZABETH MN: EVANHOUSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.FORT HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CIRRHOSIS OF LIVER — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from DEC. 6, 1954, to DEC. 8, 1954, ~~that I last saw the deceased~~ alive on ~~DECEMBER 8, 1954~~ and that death occurred at 7:10AM, from the causes and on the date stated above.

SIGNATURE: J. J. NOLAN, M.D. — ADDRESS: M.D.VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 12-8-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 12-11-54
NAME OF CEMETERY OR CREMATORY: MORELAND MEMORIAL PARK CEM.
LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 12-9-54
REGISTRAR'S SIGNATURE: W W Reamer
24. FUNERAL DIRECTOR: J. G. CONNELLY FUNERAL HOME
ADDRESS: 418 EASTERN AVE., ESSEX, MD. (BALTO.21,MD)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11217

CERTIFICATE OF DEATH

Reg. Dist. No. 11207 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 75 Water Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) (NMI) (Last) HIGGINS

4. DATE OF DEATH: (Month) December (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/29/19

9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contract work

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Winston Salem, N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter James Higgins

14. MOTHER'S MAIDEN NAME: Josephine Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 175 14 3961

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) SARCOID OF LUNGS, LYMPH NODES AND BRAIN; SCARRING OF LUNG; HYPERTROPHY OF RIGHT

ANTECEDENT CAUSE (S) HEART WITH FAILURE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 4, 1954, to Dec. 6, 1954, and that death occurred at 11:25 AM, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift ADDRESS M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 12-7-54

WILLIAM B. VANDEGRIFT, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12/9/1954

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 12-9-54

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR AND ADDRESS Arlington S. Phillips Funeral Home 1808 N. Monroe Street, Baltimore 17, Md.

11208

MARYLAND STATE DEPARTMENT OF HEALTH

11218

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN COLGATE; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7401 EASTERN AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD.; COUNTY BALTO.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN COLGATE; STREET ADDRESS (If rural, give location) 7401 EASTERN AVE.

3. NAME OF DECEASED (Type or Print): (First) CAROLINE (Middle) (CARRIE) MARY (Last) HOESCH

4. DATE OF DEATH: (Month) DEC. (Day) 27 (Year) 1954.

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JULY 6, 1879

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WORK

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: NICHOLAS HOESCH

14. MOTHER'S MAIDEN NAME: MARY SCHULTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY No.: 216-09-1659B

17. INFORMANT AND ADDRESS: GERTRUDE ZINNER SAME.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Pneumonia Bilateral	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Degeneration	2 yrs.
	(c) Generalized Arteriosclerosis	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Parkinsonism

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/26, 1954, to 12/27, 1954, that I last saw the deceased alive on 12/27, 1954, and that death occurred at 1.45 P. m., from the causes and on the date stated above.

SIGNATURE: John T. Emmett (Degree or title) MD. ADDRESS: 3501 Joit Ave. DATE SIGNED: 12/28/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE THEREOF: 12-31-54; NAME OF CEMETERY OR CREMATORY: SACRED HEART CEM.; LOCATION (City, town, or county) (State): 7401 GERMAN HILL RD. MD.

DATE REC'D BY LOCAL REG. 12-30-54; REGISTRAR'S SIGNATURE: G. L. Hedrick; 24. FUNERAL DIRECTOR: Charles L. Zeiler; ADDRESS: 901 S. CONKLING ST. BALTO., 24, MD.

. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11209

11219

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 53 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 602 W. HAMBURG STREET

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) L (Last) HOFFMAN

4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 28 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 7-8-05

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 Hrs.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RIGGER

10B. KIND OF BUSINESS OR INDUSTRY: COPPER'S CO.

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES HOFFMAN

14. MOTHER'S MAIDEN NAME: MARGARET REEVES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 217-12-0667

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.1

IMMEDIATE CAUSE (A) LAENNEC'S CIRRHOSIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO HYPERTENSIVE CARDIOVASCULAR DISEASE — UNKNOWN

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from NOV. 5, 1954, to DEC. 28, 1954, that I last saw the deceased alive on [illegible] and that death occurred at 11:05 P.M., from the causes and on the date stated above.

SIGNATURE Irving Freeman
IRVING FREEMAN
ADDRESS M.D. VAH., FT. HOWARD, MD
DATE SIGNED 12/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF Jan.3,1955
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 1-3-55
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR WILLIAM COOK-BLIGHT
ADDRESS 6009 HARFORD RD BALTO. 14, MD.

VS. A15—11-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11210

CERTIFICATE OF DEATH

11220

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1431 Andre St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Edward (Last) Hoffman

4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: May 17, 1883 | 9. AGE last birthday 71 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N.Y. Central Railroad Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hoffman
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Heilman, friend

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia and Toxemia — INTERVAL BETWEEN ONSET AND DEATH: 7 days plus

ANTECEDENT CAUSE (B) DUE TO nephrotic abscesses
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Retroperitoneal bilateral hydro- — 1 month ?

(C) DUE TO Hemorrhagic urinary cystitis and chronic benign prostatism — months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/8, 1954, to 12/10, 1954, that I last saw the deceased alive on 12/10, 1954, and that death occurred at 6.50 P.M, from the causes and on the date stated above.

SIGNATURE J. Wachsler M.D. ADDRESS Spring Grove St. Hospital DATE SIGNED 12/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12/14/54 | NAME OF CEMETERY OR CREMATORY Cathedral | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 12-13-54 | REGISTRAR'S SIGNATURE V.E. Harry | 24. FUNERAL DIRECTOR ADDRESS MacNabb & Son

VS. A15—10-58

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11211

11221

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm.
STREET ADDRESS (If rural, give location) Box 22

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mabel	A	Hopps	Dec.	12	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	Jan. 5, 1882	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Baltimore, Md.	

13. FATHER'S NAME: John Adams

14. MOTHER'S MAIDEN NAME: Matilda Koch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. M. H. Di[illegible] 5910 Fipling Court

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Laennec's Cirrhosis	1 yr.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Undulant Fever & Hepatitis	20 yrs ago.
	(c) Arteriosclerotic Heart Disease	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. ....., 1953 to 12-12-1954 that I last saw the deceased alive on 12-12-, 1954 and that death occurred at 11:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert Uhrich M.D. 3105 N. Charles St. 12-13-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/15/54	Mt. Rider	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-14-54	A.W. Hedrich	H. W. Meakes	806 N. Calvert St.

cmr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11212

11222 CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PARKTON; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS DAIRY ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PARKTON; STREET ADDRESS (If rural give location) DAIRY ROAD

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ETTA (Last) HOSHALL

4. DATE OF DEATH: (Month) DEC. (Day) 26, (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT. 11, 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months —; Days —. IF UNDER 24 HRS.: Hours —; Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN DORFLER

14. MOTHER'S MAIDEN NAME: ROSE STONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Occlusion DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 25, 1954, to Dec. 26 1954, that I last saw the deceased alive on Dec. 26, 1954, and that death occurred at 5 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. M. Frame M.D. Parkton Md 12/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL; DATE THEREOF DEC. 30, 1954; NAME OF CEMETERY OR CREMATORY PINE GROVE CEMETERY; LOCATION (City, town, or county) (State) RAYVILLE, BALTO. CO., MD.

DATE REC'D BY LOCAL REGISTRAR 12-30-54; REGISTRAR'S SIGNATURE Mrs Howard S. Markline; 24. FUNERAL DIRECTOR JOHN BURNS' SONS, TOWSON, MD. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11149

CERTIFICATE OF DEATH

11213

Reg. Dist. No. 71

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
LENGTH OF STAY (in this place) 22 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 48 DUNDALK AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE SAME COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS 45 (If rural give location) #1

3. NAME OF DECEASED: (Type or Print) (First) LEWIS (Middle) VERNON (Last) HOXTER

4. DATE OF DEATH: (Month) 12- (Day) 30- (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOV 10, 1915

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: CLERK

10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR + CONSTR.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EVERETT A. HOXTER

14. MOTHER'S MAIDEN NAME: GRACE H. LEASE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 213-07-7455

17. INFORMANT & ADDRESS: NELLIE M. HOXTER — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death 1½ yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

42.0.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1948, to Dec 30, 1954, that I last saw the deceased alive on Dec 30, 1954, and that death occurred at 9:40 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. A. Morrison M.D. 3 Kinship Rd. Dundalk 22 Md. 31 Dec 1954

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 1-3-54 | NAME OF CEMETERY OR CREMATORY OAK LAWN | LOCATION (City, town, or county) (State) BALTO. CO. Md

DATE REC'D BY LOCAL REGISTRAR Dec 31-1954 | REGISTRAR'S SIGNATURE William M Kelly

24. FUNERAL DIRECTOR ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11214 30

1104 11223

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE S'V
LENGTH OF STAY (in this place) 2 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RIDGEWAY MANOR

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD, COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE MD
STREET ADDRESS (If rural give location) 6115 Everall Ave, ~~5743 Edmondson Ave.~~

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) EDWARD (Last) HUCKE

4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: SEP. 9, 1875

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET. BAKER

10B. KIND OF BUSINESS OR INDUSTRY: OWN BUSINESS

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: NICHOLAS HUCKE

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MR. JOHN BURLEIGH, RIDGEWAY MANOR

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1
IMMEDIATE CAUSE (A) ASCVD.
ANTECEDENT CAUSE (B) DUE TO PARKINSONISM
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Cerebro-vascular Accident.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SENILITY

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 19 54 to DEC., 19 54, that I last saw the deceased alive on 12-17, 19 54 and that death occurred at 3:55 P.M., from the causes and on the date stated above.

SIGNATURE R. V. Hucke M.D. ADDRESS RANDALLSTOWN, MD. DATE SIGNED 12-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIED — **DATE THEREOF** DEC. 20/54 — **NAME OF CEMETERY OR CREMATORY** LOUDON PARK — **LOCATION (City, town, or county) (State)** BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR 12/19/54 — **REGISTRAR'S SIGNATURE** V.E. Harris — **24. FUNERAL DIRECTOR** Harry H. Klitzke — **ADDRESS** 4101 EDMONDSON AVE.

H. WITZKE
14104 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11215

CERTIFICATE OF DEATH

11224

Reg. Dist. No. 32

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
LENGTH OF STAY (in this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nelson Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
STREET ADDRESS (If rural give location) Nelson Rd.

3. NAME OF DECEASED: (Type or Print) (First) Esther (Middle) Naomi (Last) Hughes

4. DATE OF DEATH: (Month) (Day) (Year) Dec 5 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-9-1896

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry M. Leas

14. MOTHER'S MAIDEN NAME: Anna Elizabeth Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Edward E. Hughes - Pikesville, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Chronic Myocarditis	1 yr.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Coronary Thrombosis	1 yr.
DUE TO	(C) Art. Sclerosis & Hypertension	5 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes Mellitus	2 yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. ..., 1952 to Dec. 5th, 1954 that I last saw the deceased alive on Dec. 4th, 1954, and that death occurred at 5:30 P. M, from the causes and on the date stated above.

SIGNATURE James L. Miller Jr. M. D. ADDRESS Pikesville 6, Md DATE SIGNED 12/7/54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12-8-54

NAME OF CEMETERY OR CREMATORY Druid Ridge

LOCATION (City, town, or county) Pikesville, Md (State)

DATE REC'D BY LOCAL REGISTRAR 12-7-54

REGISTRAR'S SIGNATURE G. M. Hedrick

24. FUNERAL DIRECTOR Frank H. Meerell ADDRESS Pikesville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11216

11225 **CERTIFICATE OF DEATH** Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3026 Taylor Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
STREET ADDRESS (If rural give location) 3026 Taylor Avenue

3. NAME OF DECEASED: (Type or Print) (First) Miss (Middle) Jennie B. (Last) Humphreys

4. DATE OF DEATH: (Month) Dec. (Day) 2nd (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Mar. 31, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Self Emp.

10B. KIND OF BUSINESS OR INDUSTRY: Delicatessan

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Millard F. Humphreys

14. MOTHER'S MAIDEN NAME: Christina Brunnette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchial Pneumonia DUE TO

ANTECEDENT CAUSE (S) (B) Arteriosclerosis DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 19 54 to Dec 2, 19 54, that I last saw the deceased alive on Dec 2, 19 54, and that death occurred at 11 A M, from the causes and on the date stated above.

SIGNATURE Louis Krauss M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Dec. 6, 1954

NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-3-54

REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11217

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11226

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE MANOR
LENGTH OF STAY (in this place): 35 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6922 CECIL AVE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE MANOR
STREET ADDRESS (If rural, give location): 6922 CECIL AVE.

3. NAME OF DECEASED (Type or Print): (First) Nicholas (Middle) (Last) HUPFL

4. DATE OF DEATH: (Month) DEC. (Day) 17 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 15, 1885

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BUTCHER

10b. KIND OF BUSINESS OR INDUSTRY: MEAT PACKING

11. BIRTHPLACE (State or foreign country): HUNGARY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: 215-09-9685A

17. INFORMANT AND ADDRESS: KATHERINE HUPFL 6922 CECIL AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): CEREBRAL HEMORRHAGE ("STROKE").

Antecedent cause(s): ARTERIOSCLEROSIS.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): AGING.

(c):

INTERVAL BETWEEN ONSET AND DEATH: 1 day / YEAR

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE: 0 (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 15, 1954 to DEC. 16, 1954 that I last saw the deceased alive on DEC. 16, 1954, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE: A. Hoyt Lemon — (Degree or title): M.D. — ADDRESS: 6348 FREDERICK ROAD, CATONSVILLE — DATE SIGNED: 12/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: Dec. 20, 1954 — NAME OF CEMETERY OR CREMATORY: Meadowridge — LOCATION (City, town, or county) Howard County (State) Md.

DATE REC'D BY LOCAL REG. 12/17/54 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: George L. Schwab — ADDRESS: 2101 Frederick Ave. Baltimore, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11218

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11227

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 2yr.5mo.7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28,
STREET ADDRESS (If rural give location) 500 Virginia Avenue

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) Elizabeth (Last) Jenkins

4. DATE OF DEATH: (Month) 12-17- (Day) (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 5-3-1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Davis Hawkins Shank

14. MOTHER'S MAIDEN NAME. Mary Jane Steele

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 2.1
IMMEDIATE CAUSE (A) Chronic congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic cardiovascular disease — Years

DUE TO (C) Generalized arteriosclerosis — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2- , 1954 to 12-17- , 1954 that I last saw the deceased alive on 12-17- , 1954, and that death occurred at 11:30 am, from the causes and on the date stated above.

SIGNATURE S. Wadsler M. D.
ADDRESS Spring Grove State Hospital Catonsville 28, Maryland
DATE SIGNED 12-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 12/21/54
NAME OF CEMETERY OR CREMATORY ARLINGTON
LOCATION (City, Town, or county) (State) ARLINGTON, VA.

DATE REC'D BY LOCAL REGISTRAR 12/21/54
REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR MACNABB & SON
ADDRESS

Item 13: Film G178

3/15/55 dmr.

11228

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11219

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Solomons Island COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Grace Garner (Middle) (Last) JOHNSON

4. DATE OF DEATH: (Month) Dec. (Day) 29, (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Separated
8. DATE OF BIRTH: Feb. 23, 1888
9. AGE last birthday: 66 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Maryland, USA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George A. [illegible] Garner
14. MOTHER'S MAIDEN NAME: Ida Files

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT & ADDRESS: Florence Bower, Solomons Island, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 X
IMMEDIATE CAUSE (A) Primary Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 2 months plus
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/9/, 1954 to 12/28, 1954 that I last saw the deceased alive on 12/28/, 1954 and that death occurred at 4.10 aM, from the causes and on the date stated above.
SIGNATURE S. Wachsler M. D.
ADDRESS Spring Grove State Hospital
DATE SIGNED 12/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-31-54
NAME OF CEMETERY OR CREMATORY Dickerson No. 2
LOCATION (City, town, or county) (State) Dickerson, Md.

DATE REC'D BY LOCAL REGISTRAR 12/29/54
REGISTRAR'S SIGNATURE V. E. Harris
24. FUNERAL DIRECTOR Francis H. Burch Co.
ADDRESS Hyattsville, Md.

VS. A15 — 10 - 58

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11220

11229 CERTIFICATE OF DEATH

Reg. Dist. No. ... .

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 2yr.6mo.20days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 327 St. Paul Place

3. NAME OF DECEASED: (Type or Print) (First) Jessie (Middle) P. (Last) Jones

4. DATE OF DEATH: (Month) (Day) (Year) 12-16-54 19

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: 7-2-1913 | 9. AGE last birthday 41 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wesley Yingling
14. MOTHER'S MAIDEN NAME: Anna Elizabeth Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331x
IMMEDIATE CAUSE (A) cerebro-vascular accident Cerebral Accident — 15 hours
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Essential hypertension — Unknown
(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-27- , 19 54 to 12-16- , 19 54 that I last saw the deceased alive on 12-15- , 19 54 and that death occurred at 5:30 AM, from the causes and on the date stated above.

SIGNATURE Gertrude J. Reichmann M.D. ADDRESS Spring Grove State Hospital Catonsvile 28, Maryland DATE SIGNED 12-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12/20/54
NAME OF CEMETERY OR CREMATORY Asbury
LOCATION (City, town, or county) (State) Runtenstown Md.

DATE REC'D BY LOCAL REGISTRAR December 18 1954
REGISTRAR'S SIGNATURE R.W.S.
24. FUNERAL DIRECTOR Paul E. Schumacher ADDRESS 3140-42 Clifton Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11230

CERTIFICATE OF DEATH

11221

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Butler
LENGTH OF STAY (in this place) 4 months.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Butler
STREET ADDRESS (If rural give location) Falls Road

3. NAME OF DECEASED (Type or Print): (First) Lilly (Middle) Viola (Last) Jones

4. DATE OF DEATH: (Month) December (Day) 7 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: April 21, 1890

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Shipley

14. MOTHER'S MAIDEN NAME: Elmira Hodges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Daughter - Mrs. Leona Wilhelm

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis generalized — 4 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral hemorrhage — 9 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 4 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1950, to Dec, 1954, that I last saw the deceased alive on Dec 1, 1954, and that death occurred at 10 p. m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Sherrill (Degree or title) M.D. ADDRESS: Cockeysville, Md. DATE SIGNED: 12/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-10-54 | NAME OF CEMETERY OR CREMATORY: New Cathland | LOCATION (City, town, or county) (State): Sykesville, Md.

DATE REC'D BY LOCAL REG. 12/9/54 | REGISTRAR'S SIGNATURE: W. J. Chilcoat | 24. FUNERAL DIRECTOR: Brooks Funeral Home | ADDRESS: Sykesville, Md.

VS. A15

RECEIVED
[illegible] 1954
BUREAU V. S.

11222

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11231

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aero Acres
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 37 Blister St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aero Acres.
STREET ADDRESS (If rural, give location) 37 Blister St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ann (Last) Kelly

4. DATE OF DEATH: (Month) Dec (Day) 23 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/14/1876

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Fox

14. MOTHER'S MAIDEN NAME: Mary Ann Wilkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Chas Kelly 37 Blister St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Decompensation;	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Osteo arthritis; severe generalized	Chronic
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1950, to 12/23, 1954, that I last saw the deceased alive on 12/18, 1954, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE: Frank Ransom Mng. (Degree or title) ADDRESS 30 Cooperville Rd Balto 10 DATE SIGNED 12/23/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/27/54 | NAME OF CEMETERY OR CREMATORY: Camp Chapel | LOCATION (City, town, or county): Balto. (State): Md.

DATE REC'D BY LOCAL REG. 1/3/55 | REGISTRAR'S SIGNATURE: Louis Murray

24. FUNERAL DIRECTOR: Kassahn Funeral Home ADDRESS 7401 Belair Rd

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

11232

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11223

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place): 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Armacost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 829 South Ellwood Ave.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) ARTHUR (Last) KINDERVATTER

4. DATE OF DEATH (Month) (Day) (Year): DEC. 7, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE	WHITE	MARRIED	SEPT. 13, 1873	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pipefitter	Retired 5 Years	Baltimore Maryland.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick Kindervatter	Johannah Rapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	212-09-7087A	Mrs Laura M. Kindervatter Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Cardiovascular Disease	5 yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1949 to Dec. 7, 1954, that I last saw the deceased alive on Dec. 5, 1954, and that death occurred at 7:30 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title): Clarence W. LeBoutillier, M.D. — ADDRESS: 3023 Eastern Ave, Balto. 24 — DATE SIGNED: 12/8/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 10, 1954	Lorraine Park Cemetery	Woodlawn Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
12-10-54	A W Hedgcock	Henry Sander & Sons Inc. Baltimore Maryland.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11224

11233 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD, MARYLAND
LENGTH OF STAY (in this place) 20 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 3512 NOBLE STREET

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) L. (Last) KLEMM

4. DATE OF DEATH: (Month) DECEMBER (Day) 14 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 7-14-90

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MEAT BONER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: ANNIE MOHN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) MULTIPLE SUPERFICIAL NECROSES OF CEREBRAL CORTICES — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) HYPERTENSIVE CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. REMOVAL OF KIDNEY FOR STONE AND PYELONEPHRITIS- UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from NOV. 24, 1954, to DEC. 14, 1954, and that death occurred at 9:35PM, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS M.D. VAH., FORT HOWARD, MD DATE SIGNED 12/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF DEC. 20, 1954 — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR WILLIAM COOK-BLIGHT ADDRESS 6009 HARFORD RD BALTO. MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11225

11234 **CERTIFICATE OF DEATH** Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ruxlett Rural LENGTH OF STAY (in this place) 40yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rutledge Rural, Md
STREET ADDRESS (If rural give location) R.F.D. 15 - Box 136 - Lynbrook Rd

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) CHristian (Last) KnaCHeL

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: April 14 1872 | 9. AGE last birthday 82 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clothing Cutter | 10B. KIND OF BUSINESS OR INDUSTRY: Retired Employee | 11. BIRTHPLACE (State or foreign country): Baltimore Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George P. Knachel | 14. MOTHER'S MAIDEN NAME: Caroline Rothermuller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mrs John C. Knachel Lynbrook Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Cerebral Thrombosis

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO: Generalized Atherosclerosis

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Myocardial Degeneration

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951, to Dec. 26, 1954 that I last saw the deceased alive on Dec. 26, 1954 and that death occurred at 6:40 P.M, from the causes and on the date stated above.

SIGNATURE Wm. P. Rucker. M. D. ADDRESS 810 Eastern Ave DATE SIGNED 12-26-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12/29/54 | NAME OF CEMETERY OR CREMATORY Balto Cem | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 1/3/55 | REGISTRAR'S SIGNATURE Edith Hurley | 24. FUNERAL DIRECTOR Lansdale Funeral Home | ADDRESS 7401 Belair Rd

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Item 12 Film 1175 1-14-55 at

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11226

11225

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. NAME OF DECEASED (Type or Print): MRS. KAROLINE (AUGUSTA LENA) KRAFT

2. DATE OF DEATH: DEC. 19 1954

3. PLACE OF DEATH:
A. Baltimore City, Maryland PARKVILLE
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2619 WYCLIFFE ROAD
c. Length of stay in Baltimore: Yrs. ... Mos. ... Days ...

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARKVILLE
D. STREET ADDRESS (If rural, give location): 2619 WYCLIFFE ROAD

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: NOV. 9, 1867
9. AGE (In years last birthday): 87 (If Under 1 Year: Months ... Days ... If Under 24 Hours: Hours ... Min. ...)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RT. HOME
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ERNEST KRAHMER
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MR. KARL KRAFT, ADDRESS 2246 WENDOVER Rd. #14

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

491X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 48 h.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bronchial Pneumonia — 6 weeks
DUE TO

(C) .....

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	19A. DATE OF OPERATION	19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20 AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. I certify that (I) (this hospital) attended the deceased from ... Oct ... 19 54 to ... Dec ... 19 54, that (I) (we) last saw the deceased alive on ... Dec 19 ... 19 54, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Harold H Burns M.D. ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS ☐	115 E Eager St	12-21-54

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C NAME OF CEMETERY OR CREMATORY	24D LOCATION (City, town, or county) (State)
BURIAL	DEC. 22, 1954	HOLY REDEEMER CEM.	BALTIMORE, MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
12-21-54	[signature]	LEONARD J. RUCK 5305 HARFORD Rd #14

THIS IS A PERMANENT RECORD.
PLEASE TYPEWRITE WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.
THIS CERTIFICATE MUST BE FILED WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11227

11236

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Todds Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY /
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
STREET ADDRESS (If rural give location) Todd's Farm

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Kronemeyer (Last)

4. DATE OF DEATH: (Month) Dec. (Day) 22, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: ?

9. AGE last birthday: 73 ? yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Carrie Heinlein 4207 Parkwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Lung — Interval Between Onset And Death: 2 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1954, to Dec. 22, 1954, that I last saw the deceased alive on Dec. 21, 1954, and that death occurred at 9 am., from the causes and on the date stated above.

SIGNATURE L. Carnahan M.D. (Degree or title) ADDRESS 520 DSF DATE SIGNED 12-23-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 24, 1954
NAME OF CEMETERY OR CREMATORY Todd's Farm
LOCATION (City, town, or county) (State) Fort Howard, Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 23 54
REGISTRAR'S SIGNATURE Darwin L. Harbin

24. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2112 Dundalk Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

11237

11228

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 21 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 126 Forest Drive.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Maryland.; STREET ADDRESS (If rural, give location) 126 Forest Drive

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Harrison (Last) Krumm

4. DATE OF DEATH: (Month) Dec. (Day) 3, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July. 26, 1874

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchandise Mgr. Dept. Store. Ret. 28yrs

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Krumm

14. MOTHER'S MAIDEN NAME: Christina Krause

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Frank McClure daughter 1549-34th St. NW Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr Degenerative C. V. D. — Interval between onset and death: 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Thrombosis — 2 yrs

(c) Arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-9, 1954, to 12-3, 1954, that I last saw the deceased alive on 12-3, 1954, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE James Stowell (Degree or title) ADDRESS Catonsville DATE SIGNED 12-3-

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: December 6, 1954

NAME OF CEMETERY OR CREMATORY: Ebenezer Church Cem.

LOCATION (City, town, or county) (State): Winfield Maryland.

DATE REC'D BY LOCAL REG. 12-6 54

REGISTRAR'S SIGNATURE: C. W. Kidwell Jr

24. FUNERAL DIRECTOR: Henry Lander & Sons Inc. ADDRESS Baltimore Maryland. Sig A. Lander

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11229

11238 CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) Rt. 1, Box 204

3. NAME OF DECEASED: (Type or Print) (First) GORDON (Middle) M. (Last) LAQUE

4. DATE OF DEATH: (Month) (Day) (Year) December 10 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6/22/90

9. AGE last birthday: 64 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber inspector

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Donner, Louisianna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Laque

14. MOTHER'S MAIDEN NAME: Louisa MN: DuPont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 466-10-7300 Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4451

IMMEDIATE CAUSE (A) HYPERTENSIVE CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO ARTERIOSCLEROSIS, GENERALIZED — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 30, 1954, to Dec. 10, 1954, ~~that I last saw the deceased~~ ~~xxxxxxxxxxxxxxxxxxxxxxxxxxxx~~, and that death occurred at 5:45 A M, from the causes and on the date stated above.

SIGNATURE FRANCIS C. DICKEY — ADDRESS M. D. VAH, Fort Howard, Maryland — DATE SIGNED 12/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 12/13/54
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12/14/54
REGISTRAR'S SIGNATURE: A. A. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Walters Funeral Home, Pratt & Strieker Sts. Balto., Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11230

11239

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 20 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELLICOTT CITY
STREET ADDRESS (If rural give location) 57 COLLEGE AVE.

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) (Last) LEWIS

4. DATE OF DEATH: (Month) DECEMBER (Day) 30 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 7-15-88

9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GARDNER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ELLICOTT CITY, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WARNER LEWIS

14. MOTHER'S MAIDEN NAME: HARRIET (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CHRONIC COR PULMONALE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. (B) DUE TO PULMONARY FIBROSIS AND EMPHYSEMA — UNKNOWN

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. TUBERCULOSIS, CHRONIC, PULMONARY, INACTIVE — UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from DEC. 29, 1954, to Dec. 30, 1954, [illegible] and that death occurred at 9:45 A.M., from the causes and on the date stated above.

SIGNATURE JAMES J. NOLAN James J Nolan ADDRESS M. D. VAH., FT. HOWARD, MD DATE SIGNED 12/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL DATE THEREOF 1/3/1955 NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 1-3-55 REGISTRAR'S SIGNATURE C W Hedrick

24. FUNERAL DIRECTOR ARLINGTON S. PHILLIPS ADDRESS 1808 N. MONROE ST BALTO. 17, MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11240

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11231

Reg. Dist. No. 39

Ltr. 9 FilmC175 1-C-55 et

1. PLACE OF DEATH:
County: Baltimore Co
City or town: Carney (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 9803 Hilltop Drive
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md County: Baltimore Co
City or town: CARNEY Ward No.: (If outside city or town limits, write RURAL NEAR and give town)
Street No. 9803 Hill Top Drive (If rural give LOCATION)
2(c) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: MaryEllen Lindung

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife: John Lindung
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 13. 1867

8. AGE: Years	Months	Days	If less than one day
87 yrs	0	10	hrs. min.

9. Birthplace: Ireland Citizenship: USA (Town, county, and state)
10. Usual occupation: Home Wife
11. Industry or business: at Home
FATHER 12. Name: Martin Dickman
13. Birthplace: Ireland
MOTHER 14. Maiden name: Bridget M. Hale
15. Birthplace: Ireland
16. Informant: Mrs Allen Bon
Address: 9803 Hilltop Rd.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 27, 1954 (month) (day) (year)
Cemetery or crematory: Holy Cross Cemetery
Location: Towson Maryland Co
18. Funeral director: Elmer W Conklein
Address: 5444 Belair Rd - Baltimore 6 Md

DEC 23 1954 19
(Date received by local registrar)
Registrar: Elizabeth Gorsuch

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 23. 1954 at 12 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1953 to Dec 23 1954 and that I last saw h alive on Dec 15 1954

	DURATION
Immediate cause of death: Debilitation and cachexia	
Due to: senility and old Stroke	6 Mos.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank T. Kirk M.D.
M. D. or other
Address: 9005 Harford Rd Date signed: 12/26/54

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr Kask
9005 Harford Rd.

MARYLAND 11241

11232

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6320 Frederick Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 6320 Frederick Ave.

3. NAME OF DECEASED (Type or Print) (First) Heinricka (Middle) Herpich (Last) List

4. DATE OF DEATH (Month) (Day) (Year) 12-23-54 19

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH Aug. 4, 1875

9. AGE last birthday 79 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Herpich

14. MOTHER'S MAIDEN NAME Barbara Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —

(If year, give war or dates of service)

16. SOCIAL SECURITY NO. ---

17. INFORMANT AND ADDRESS Lewis A. List 6322 Frederick Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Embolism — Interval between onset and death: 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Disease — 17 Mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1953 to Dec 23, 1954, that I last saw the deceased alive on Dec 27, 1954 and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE James [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 12/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 12-27-54

NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 12/31/54

REGISTRAR'S SIGNATURE U.E. Harry

24. FUNERAL DIRECTOR [illegible]

ADDRESS [illegible] Catonsville, Md

RECEIVED
JAN 4 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11233

CERTIFICATE OF DEATH

11150

Reg. Dist. No. 41

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 SHIPWAY

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural give location) 60 SHIPWAY

3. NAME OF DECEASED: (First) HARRIETT (Middle) S. (Last) LOFTUS
(Type or Print)

4. DATE OF DEATH: (Month) DEC (Day) 23 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED
8. DATE OF BIRTH: SEPT 10 1882
9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN KNAPP
14. MOTHER'S MAIDEN NAME: SELINDA HILLBERGER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: WM. K. LOFTUS 60 SHIPWAY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Cervix C — Interval Between Onset And Death 18 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metas is to Urinary bladder, large bowel & DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: June 1954
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1953 to Dec. 23, 1954, that I last saw the deceased alive on Dec 23, 1954, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE J. D. Graves M.D. (Degree or title) ADDRESS Dundalk Md DATE SIGNED 12/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF DEC 27/1954
NAME OF CEMETERY OR CREMATORY MEADOW RIDGE
LOCATION (City, town, or county) DORSEY (State) MD

DATE REC'D BY LOCAL REGISTRAR Dec 27-1954
REGISTRAR'S SIGNATURE William M Kelly
24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME
ADDRESS 112 DUNDALK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11234

11242

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Lutherville
LENGTH OF STAY (in this place) 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Lutherville
STREET ADDRESS (If rural give location) 1309 Parkave

3. NAME OF DECEASED: (Type or Print) (First) Rosetta (Middle) Earle (Last) Long

4. DATE OF DEATH: (Month) Dec (Day) 25 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: MAR 25 1877 | 9. AGE last birthday: 77 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Centreville Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel T Earle | 14. MOTHER'S MAIDEN NAME: Isabel Ringgold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY No.: — | 17. INFORMANT & ADDRESS: Mrs O Tilghman Davidson 5017 Falls Rd Ter.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 1 wk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Parkinson's Disease
DUE TO (c) Cerebral and generalized arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ..., 1938, to Dec ..., 1954 that I last saw the deceased alive on 20 Dec, 1954, and that death occurred at 10 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Geo. L. Henderson Jr. M.D. ADDRESS 1207 Eutaw Pl. DATE SIGNED 27 Dec. 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec 1954 | NAME OF CEMETERY OR CREMATORY Melfield Private | LOCATION (City, town, or county) (State) Centreville Qa Co Md

DATE REC'D BY LOCAL REGISTRAR 12-27-54 | REGISTRAR'S SIGNATURE Adrian Nadrian | 24. FUNERAL DIRECTOR H W Jenkins Sons | ADDRESS 4905 York Rd

Done

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11235

CERTIFICATE OF DEATH

11243

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) #7 Riverside Ave.

3. NAME OF DECEASED: (First) VIRGINIA (Middle) R. (Last) LONG
4. DATE OF DEATH: (Month) 12 (Day) 5 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1/13/1893
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Stokes
14. MOTHER'S MAIDEN NAME: Mary Christ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Virginia Brooks 1332 Broening Highway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Metastatic Carcinoma — Interval Between Onset and Death: 8 mo.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of Breast — 3 yrs
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/20/51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Breast
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/27, 1954, to 12/5, 1954, that I last saw the deceased alive on 12/5, 1954, and that death occurred at 1.50 P.M., from the causes and on the date stated above.
SIGNATURE Joseph Mrce L (DEGREE OR TITLE) M.D. ADDRESS 423 Eastern Ave Essex 21 Md DATE SIGNED 12/5/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12/9/54
NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
LOCATION (City, town, or county) (State) Balto Md.
DATE REC'D BY LOCAL REG. 12-7-54
REGISTRAR'S SIGNATURE C. A. Kedrick Jr.
24. FUNERAL DIRECTOR ADDRESS John J. Connelly, Essex, Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11236

11244

CERTIFICATE OF DEATH

Reg. Dist. No. 49

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 49 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2910 Markley Avenue

3. NAME OF DECEASED: (Type or Print) (First) JACOB (Middle) A (Last) LOWE

4. DATE OF DEATH: (Month) December (Day) 8 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/8/95

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Signal Work

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mt. Pleasant, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J. Lowe

14. MOTHER'S MAIDEN NAME: Emma E. Sharrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 714 01 7396

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp., Ft/Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) HEMORRHAGE FROM LARYNX — INTERVAL BETWEEN ONSET AND DEATH: 30 Min.

ANTECEDENT CAUSE (S) DUE TO (B) CARCINOMA OF LARYNX WITH CERVICAL METASTASES — 5 Months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 9/13/54

19B. MAJOR FINDINGS OF OPERATION: Tracheastomy

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Oct. 20, 19 54 to Dec. 8, 19 54 and that death occurred at 7:15P M, from the causes and on the date stated above.

SIGNATURE Joseph M. Miller — ADDRESS — DATE SIGNED

JOSEPH M. MILLER, M.D., Chief, Surgical Service — VAH, Fort Howard, Md. — 12-9-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 12-11-1954

NAME OF CEMETERY OR CREMATORY: St. Johns Lutheran Cemetery

LOCATION (City, town, or county) (State): Near Westminster, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-10-54

REGISTRAR'S SIGNATURE: A W Hesser

24. FUNERAL DIRECTOR — ADDRESS: Henry W. Jenkins Funeral Home, 4905 York Rd. Baltimore, Maryland

MARYLAND 11245

11237

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (in this place) 24 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cockeysville Road RFD#2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural, give location) RFD#2 Cockeysville Rd.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) SPENCER (Last) LUCKETT

4. DATE OF DEATH: (Month) December (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 31 1883

9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hr: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: [illegible] Bennett Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James H, Luckett

14. MOTHER'S MAIDEN NAME: Jennie Goodrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 212-07-4198

17. INFORMANT AND ADDRESS: Mrs. George Luckett, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Lung with metastasis — Interval Between Onset and Death: 11 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 19.53, to December 11, 19.54, that I last saw the deceased alive on December 10, 1954, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) Clarence E. McWilliams M.D. ADDRESS Reisterstown, Maryland DATE SIGNED December 11 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Dec. 14/54 | NAME OF CEMETERY OR CREMATORY Louden Park | LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 12-14-54 | REGISTRAR'S SIGNATURE Mary A. Eline

24. FUNERAL DIRECTOR | ADDRESS J.F. Eline & Sons, Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11238

CERTIFICATE OF DEATH

11246 Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 40yr.7mo.2days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) (Sophie) (Middle) Sophia (Last) Ludwig

4. DATE OF DEATH: (Month) (Day) (Year) 12-20-1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 73or74? yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Kattenhorn

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

190X
IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Melanoma, generalized (origin not determined)
DUE TO
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1950, to Dec 20, 1954, that I last saw the deceased alive on Dec 19, 1954, and that death occurred at 7 25/A M, from the causes and on the date stated above.

SIGNATURE John P. Risley MD ADDRESS Spring Grove State Hosp. Catonsville Md DATE SIGNED 12/20/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Dec. 21, 1954
NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-21-54
REGISTRAR'S SIGNATURE A.W. Redmond

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 HarfordRoad #14

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11239

11247 CERTIFICATE OF DEATH Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fork
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Arm.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mr. (Middle) LLOYD (Last) CALVIN LUNGER

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 24th 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 16, 1886

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10B KIND OF BUSINESS OR INDUSTRY: F. X. Hooper Co.

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lemuel Lunger

14. MOTHER'S MAIDEN NAME: Elizabeth Warrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-01-5798

17. INFORMANT & ADDRESS: Mrs. Marie Lunger, Glen Arm., maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 423.1

(A) Coronary Occlusion (2) — INTERVAL BETWEEN ONSET AND DEATH 4 wks.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Thrombophlebitis Lt. Leg — 17 days

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/21, 1954 to 12/24, 1954, that I last saw the deceased alive on 12/23, 1954, and that death occurred at 10:15 a.m. M, from the causes and on the date stated above.

SIGNATURE Lloyd F. Hudson M.D. ADDRESS Fork Md. DATE SIGNED 12/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12/27/54

NAME OF CEMETERY OR CREMATORY Wilson M. E. Cemtery

LOCATION (City, town, or county) (State) Long Green, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-27-54

REGISTRAR'S SIGNATURE A. Z. Hehrit D.

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11240

11248 CERTIFICATE OF DEATH Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Nursing Home 5743 Edmondson Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 603 Reservoir Street

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) T. (Last) LYTLE

4. DATE OF DEATH: (Month) Dec. (Day) 7, (Year) 19 54

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: December 5, 1862
9. AGE last birthday 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seed & Implement Business
10B. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Baltimore County, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William B. Lytle
14. MOTHER'S MAIDEN NAME: Sarah Cassell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Chevy Chase, Maryland William M. Lytle, 8207 Meadowbrook Lane

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSE (S' DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Prostatic Hypertrophy — 18 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Heart Disease — 10 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949 to Dec 7., 1954, that I last saw the deceased alive on Dec 6, 1954, and that death occurred at 3 A M, from the causes and on the date stated above.
SIGNATURE William F. Pearce M. D. ADDRESS 2105 N Charles St DATE SIGNED Dec 8, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF 12/10/54
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-8-54
REGISTRAR'S SIGNATURE C. R. Redrick
24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 St. Paul Street

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11249 MARYLAND STATE DEPARTMENT OF HEALTH 11241

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: BALTIMORE CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WILKENS & WALKER AVES. CATONSVILLE 28

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD. COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE 28
STREET ADDRESS (If rural, give location): WILKENS & WALKER AVE.

3. NAME OF DECEASED (Type or Print): (First) HERMAN (Middle) C. (Last) MAETZ

4. DATE OF DEATH: (Month) DEC. (Day) 18 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JAN. 13 - 1901

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OWN BUSINESS

10b. KIND OF BUSINESS OR INDUSTRY: RETAIL - PICKLES

11. BIRTHPLACE (State or foreign country): AUSTRIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick F. Maetz

14. MOTHER'S MAIDEN NAME: Josephine JASBEZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 217-20-3704

17. INFORMANT: Frederick F. Maetz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Dilitation	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular Desease	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis — 2

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 53, to Dec. 17, 1954, that I last saw the deceased alive on Dec. 17, 1954, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE: Henry Hassman (Degree or title) ADDRESS: 7687 Wrightson Ave DATE SIGNED:

23. BURIAL, CREMATION / REMOVAL (Specify): BURIAL
DATE THEREOF: DEC. 21-54
NAME OF CEMETERY OR ~~CREMATORY~~: HOLY CROSS
LOCATION (City, town, or county): A.A.CO. (State): MD.

DATE REC'D BY LOCAL REG.: 12-22-54
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Elizabeth Harle Inc. ADDRESS: 115 E. West St. BALTIMORE 20, Md.

11250

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11242

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (In this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8007 High Point Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 8007 High Point Road

3. NAME OF DECEASED (Type or Print): (First) GERALDINE (Middle) R. (Last) MAJOR

4. DATE OF DEATH: (Month) Dec. (Day) 2, (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov. 12, 1953

9. AGE last birthday: 1 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gerald E. Major

14. MOTHER'S MAIDEN NAME: Eva M. Mathewson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. Gerald Major, 8017 High Pt. Rd. Ll

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Third degree burns, face & body

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home
(CITY OR TOWN): Parkville (COUNTY): Balto (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 2 1954 [illegible] p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Home burned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin C. Hudson (Degree or title) M.D. DMFE. ADDRESS: Towson Md. DATE SIGNED: 12/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: Dec. 4, 1954
NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 12/3/54
REGISTRAR'S SIGNATURE: A. M. Backe
24. FUNERAL DIRECTOR: Kaestner Funeral Home ADDRESS: 7401 Belair Rd.

11243

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11251

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH
COUNTY Ba Ho. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rosedale
LENGTH OF STAY (in this place) 2yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1201 Neighbors Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rosedale
STREET ADDRESS (If rural give location) 1205 Primrose Ave

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) M. (Last) Marchsteiner

4. DATE OF DEATH (Month) (Day) (Year) Dec 3 - 1954

5. SEX F | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: March 14 1897 | 9. AGE last birthday 57 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home | 10B. KIND OF BUSINESS OR INDUSTRY: Housework | 11. BIRTHPLACE (State or foreign country): Balto. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Richardson | 14. MOTHER'S MAIDEN NAME: Annie Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: FRIDOLIN G. MARCHSTEINER 1205 PRIMROSE AVE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.1
(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Coronary Sclerosis — 5-Years.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ..., 1954, to Dec. 3, 1954, that I last saw the deceased alive on Dec. 3, 1954, and that death occurred at 9.15 AM, from the causes and on the date stated above.

SIGNATURE James P. Mahon M.D. ADDRESS M.D. 5 Virginia Rd. DATE SIGNED Dec 3 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF DEC 6 1954 | NAME OF CEMETERY OR CREMATORY MORELAND PARK CEM | LOCATION (City, town, or county) (State) TAYLOR AVE MD

DATE REC'D BY LOCAL REGISTRAR 12-6-54 | REGISTRAR'S SIGNATURE G. H. Kidwell DLR | 24. FUNERAL DIRECTOR Dittel Bro ADDRESS 7110 BELAIR RD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

11252

11244

Item 21d of Film G175 12-20-54 ems

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:
COUNTY Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 16 hr.20 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7507 Riddle Avenue

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) (NMI, (Last) MARSHECK

4. DATE OF DEATH (Month) Dec. (Day) 9 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept.30, 1923	31 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Soldier	U.S. Army	Baltimore, Maryland	USA

13. FATHER'S NAME: George Marsheck

14. MOTHER'S MAIDEN NAME: Katherine Weil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes (WW II Korean	217-18-5938	Mrs. Marian Marsheck 7507 Riddle Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Subdural hematoma, right, with encephalomalacia	
DUE TO	of left cerebral hemisphere	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY outside tavern	21c. (City or town) Fort Howard	(County) Baltimore	(State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. ~~27~~ 26, 1954 ~~P~~ M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Injured in altercation, ~~struck on head with beer bottle~~

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE Paul Guerin M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 13,1954	Balto. National Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
December 11 1954	R.W.	Wm. Cook-Blight Funeral Home-6009 Harford Rd.-Balto, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11253

CERTIFICATE OF DEATH

Reg. Dist. No. 44 11245

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 13 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Linwood, Maryland
STREET ADDRESS (If rural give location) Route #2

3. NAME OF DECEASED. (Type or Print) (First) DAVID (Middle) B. (Last) MARSTILLER

4. DATE OF DEATH. (Month) December (Day) 12, (Year) 19 54

5. SEX. Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2/15/86

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker

10B. KIND OF BUSINESS OR INDUSTRY: Cemetery

11. BIRTHPLACE (State or foreign country): Glenroy, Ohio

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: David B. Marstiller

14. MOTHER'S MAIDEN NAME: Caroline Oliver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 214-32-4101

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4

IMMEDIATE CAUSE (A) INFARCT OF MYOCARDIUM — INTERVAL BETWEEN ONSET AND DEATH: 8 HOURS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Nov.29,, 1954, to Dec.12,, 1954, [redacted] and that death occurred at 10:15 P.M., from the causes and on the date stated above.

SIGNATURE FRANCIS G. DICKEY, M. D. — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 12/13/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12-16-54 — NAME OF CEMETERY OR CREMATORY Pipe Creek Cemetery — LOCATION (City, town, or county) (State) Linwood, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-13-54 — REGISTRAR'S SIGNATURE A.W.Hedrich

24. FUNERAL DIRECTOR ADDRESS D.D. Hartzler & Son Funeral Home New Windsor, Maryland

dmr.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11246

CERTIFICATE OF DEATH

11254 Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - WOODLAWN
LENGTH OF STAY (in this place) 30 YEARS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RICES LANE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
STREET ADDRESS (If rural give location) RICES LANE

3. NAME OF DECEASED: (Type or Print) (First) MATTISON (Middle) ROLAND (Last) SAMUEL

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 7/13/93

9. AGE Last birthday: 61 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS: Hours ... Min. ...

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: SHEET METAL WORKER

10b. KIND OF BUSINESS OR INDUSTRY: SAME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL J. MATTISON

214-03-1313

14. MOTHER'S MAIDEN NAME: MAY HURLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MARIE MATTISON - WIFE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) UREMIA DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) CARDIOVASCULAR RENAL DISEASE - DUE TO

(c) BRONCHIAL ASTHMA

Interval Between Onset And Death: FEW WEEKS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/47 1949, to 12/18 1954, that I last saw the deceased alive on 12/18 1954, and that death occurred at 4:00 P.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title) Elvira Y. Pierson, M.D. ADDRESS 8704 LIBERTY Rd., BALTO 7, Md. DATE SIGNED 12-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 12-22-54 — NAME OF CEMETERY OR CREMATORY MT OLIVE CEM — LOCATION (City, town, or county) — (State)

DATE REC'D BY LOCAL REGISTRAR 12/18/54 — REGISTRAR'S SIGNATURE Eug. C. Bonsall mut.

24. FUNERAL DIRECTOR Chas P. Powell ADDRESS Windsor Mill MD

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11247

11161 CERTIFICATE OF DEATH Reg. Dist. No. 4-2

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lansdowne
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS, 956 Victory Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Lansdowne
STREET ADDRESS (If rural give location) 1956 Victory Drive

3. NAME OF DECEASED: (First) Charles (Middle) A. (Last) McBee
4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 17, 1887
9. AGE last birthday: 67 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Special Police
10B. KIND OF BUSINESS OR INDUSTRY: Coppers Co.
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles T. McBee
14. MOTHER'S MAIDEN NAME: Susan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-05-3109
17. INFORMANT & ADDRESS: Sarah G. McBee 1956 Victory Drive

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Carcinoma of lung
DUE TO
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 1 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Jan 1954
19B. MAJOR FINDINGS OF OPERATION: Carcinoma on Microscopic examination
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1950, to Dec 15, 1954 that I last saw the deceased alive on Dec 14, 1954, and that death occurred at 5.45 A M, from the causes and on the date stated above.
SIGNATURE Louis T. Lawyer M.D. ADDRESS M.D. 1811 W. Northave DATE SIGNED 12/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 12/18/54
NAME OF CEMETERY OR CREMATORY: Glen Haven
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Joseph T. Timbrook Jr. ADDRESS 1324 Sulgrave Rd. Rd.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11248

11255

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 103 East Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural give location): 103 East Joppa Road

3. NAME OF DECEASED: (Type or Print) (First) Mr. (Middle) William A. (Last) Mehl, Sr.

4. DATE OF DEATH: (Month) December (Day) 9th (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 20, 1895

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Self Emp. Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pikesville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew H. Mehl

14. MOTHER'S MAIDEN NAME: Margaret Heibler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-05-7423

17. INFORMANT & ADDRESS: Mrs. Catherine E. Mehl, 103 E. Joppa Road #4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) sudden heart failure — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Myocardial infarction secondary to coronary thrombosis — DUE TO

(c)

Interval Between Onset And Death: approximately 4 0 hours.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: long standing hypertension (severe)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 7, 19 54, to Dec. 9, 19 54, that I last saw the deceased alive on Dec. 8, 19 54, and that death occurred at 5:30 am Dec 9, 1954, from the causes and on the date stated above.

SIGNATURE: James R. Towle (Degree or title) M.D ADDRESS: Lankenau Hospital, Phila. Pa. DATE SIGNED: Dec 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 13, 1954 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REGISTRAR: 12/9/54 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

Dr. Powder
York Road
Lutherville, Md.

2 Mi. North of Towson

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11249

11256 **CERTIFICATE OF DEATH** Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard, Md.
LENGTH OF STAY (in this place) 157 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 136 S. Patterson Park Avenue

3. NAME OF DECEASED: (First) DUDLEY (Middle) W. (Last) MILLER
4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 7-8-92
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 Hrs.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Spinner
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Martinsburg, West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Miller
14. MOTHER'S MAIDEN NAME: Ida Nell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-1
16. SOCIAL SECURITY NO. 234-01-8995
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ARTERIOSCLEROTIC HEART DISEASE DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 11/10/54
19B. MAJOR FINDINGS OF OPERATION: ILEOSTOMY
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1954, to Dec. 23, 1954, that I last saw the deceased on 19, and that death occurred at 9:25 PM, from the causes and on the date stated above.

SIGNATURE JOSEPH SHEAR, M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 12/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-24-54
NAME OF CEMETERY OR CREMATORY Rosedale Cemetery
LOCATION (City, town, or county) (State) Martinsburg, W. Va.

DATE REC'D BY LOCAL REGISTRAR DEC. 24-54
REGISTRAR'S SIGNATURE Duncan L. Parker
24. FUNERAL DIRECTOR ADDRESS WM. COOK-BLIGHT FUNERAL HOME INC 6009 Harford Road, Baltimore 11, Md.

11257

MARYLAND STATE DEPARTMENT OF HEALTH

11250

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 411 Carolina Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 411 Carolina Ave.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HENDERSON (Last) MOORE

4. DATE OF DEATH: (Month) DEC. (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 15, 1899

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Investment Banker

10b. KIND OF BUSINESS OR INDUSTRY: Investments

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Baldwin Moore

14. MOTHER'S MAIDEN NAME: Ora Clascock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Dorothy D. Moore-411 Carolina Ave. Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.
Immediate cause (a) MYOCARDIAL INFARCTION — Interval Between Onset and Death: 1 HOUR

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) CORONARY OCCLUSION — 1 HOUR
(c) HYPERTENSION, CORONARY ARTERY DISEASE — SEV. YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Previous myocardial infarction — 2 mos.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/26, 1954, to 12/21, 1954, that I last saw the deceased alive on 12/21, 1954, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Donald L. Somerville M.D. | 25 W Pa. Ave Towson 4 Md | 12/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/23/54 | NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem. | LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 12-21-54 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR: Wm. J. Tolson Towson | ADDRESS: Balto 17 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11251

11258

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines Con. Home 18 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
3414 Kentucky Ave.
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md.
STREET ADDRESS (If rural give location) 3414 Kentucky Ave. 13

3. NAME OF DECEASED: (Type or Print) (First) Lucia (Middle) Gertrude (Last) Moore

4. DATE OF DEATH: (Month) Dec. (Day) 4th. (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 15, 1893

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Millinery

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Markert

14. MOTHER'S MAIDEN NAME: Anna ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No: 216-18-5323

17. INFORMANT & ADDRESS: Mr. Arthur Leroy Moore 3414 Kentucky Ave. 13

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular accident (Hemorrhage) — Interval Between Onset And Death: 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension - arteriosclerosis — 4 yrs

DUE TO

(c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 1954, to Dec. 4, 1954, that I last saw the deceased alive on Dec 4, 1954, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr Bernard Cohen — ADDRESS The Maryland — DATE SIGNED 12/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 7, 1954 — NAME OF CEMETERY OR CREMATORY Parkwood Cemetery — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 12/6/54 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR Philip Stewig & Sons — ADDRESS 2024 Orleans St. 31

12/7/54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11252

11259 CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 35 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 907 N. Eden Street, Baltimore, Md.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) J. (Last) Moore

4. DATE OF DEATH: (Month) (Day) (Year) December 20 1954

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3/14/92
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Construction Co.
11. BIRTHPLACE (State or foreign country): King William Co., Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Moore
14. MOTHER'S MAIDEN NAME: Lucy Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 216-09-6629
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 50 days

ANTECEDENT CAUSE (B) DUE TO HYPERTENSIVE CARDIOVASCULAR DISEASE

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1954 to Dec 20, 1954 that I last saw the deceased alive on [illegible] and that death occurred at 4:45P M, from the causes and on the date stated above.
SIGNATURE Irving Freeman M. D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 12/20/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-23-1954
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-22-54
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS
Randolph J. Collick
1412 E. Preston St.
Baltimore, Md.

11260

Items 1&8, 9, 17, Fil 3174 12-13-54 et
20, 21 Film 3176 12-28-54 gld

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 11253

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 38

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loch Raven

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Morgan Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 428 N. Linwood Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALBERT		MOSER	Dec. 7 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	3/6/1910	44 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
	Beth Steel	Patterson N. J.	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Adolph Moser	Helen Fleichmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Margaret Moser Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia due to hanging	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Woods	21c. (City or town) (County) (State) Baltimore County
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY -- M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Hung himself to tree limb

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R&F isher M. D.

CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Dec. 8, 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/10/1954	Sacred Heart	Balto Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-9-54	G W Hedrick	John J. Connelly	Essex, Md.

JST

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11254

11261

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville, Md
LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3100 Baker Street - Zone 16

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) NMI (Last) MOYLAN

4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: May 28, 1900
9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Scherr
14. MOTHER'S MAIDEN NAME: Minnie Wagenheimer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT & ADDRESS: Miss Dena Scherr 3100 Baker St Baltimore 16, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X
IMMEDIATE CAUSE (A) Cardiac and respiratory failure — ?weeks
ANTECEDENT CAUSE (B) DUE TO Hypertensive and arteriosclerotic — ?years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
(C) cardiovascular disease associated with Diabetes Mellitus — ?years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 1. Mental deficiency without psychosis 2. Rheumatoid arthritis

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) does not apply
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) does not apply
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY does not apply M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? does not apply

22. I hereby certify that I attended the deceased from July, 1953 to Dec. 14 1954 that I last saw the deceased alive on Dec 14, 1954, and that death occurred at 6:25 P.M., from the causes and on the date stated above.

SIGNATURE Lindsey D. Campbell M.D. ADDRESS Spring Grove State Hospital DATE SIGNED 12/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-16-54
NAME OF CEMETERY OR CREMATORY Herring Run
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 12-14-54
REGISTRAR'S SIGNATURE T. E. Harry
24. FUNERAL DIRECTOR Jack Lewis Inc ADDRESS 2100 Eutaw Pl

VS. A15 — 10 - 58

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11255

11262 CERTIFICATE OF DEATH Reg. Dist. No. 40

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) HYDE
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS HYDE Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) HYDE
STREET ADDRESS (If rural give location) HYDE Rd

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) A (Last) MUELLER

4. DATE OF DEATH: (Month) DECEMBER (Day) 12 (Year) 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: March 11-1886

9. AGE Last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): PAINTER

10b. KIND OF BUSINESS OR INDUSTRY: Employee

11. BIRTHPLACE (State or foreign country): HAMBURG, GERMANY

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: MUELLER

14. MOTHER'S MAIDEN NAME: SOPHIE JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-01-1644

17. INFORMANT & ADDRESS: WIFE (SAME Address)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY OCCLUSION — Interval Between Onset And Death: 15 MIN.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) HYPERTENSIVE CARDIOVASCULAR DISEASE — 6 MOS

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Dec, 1954, to 12 Dec, 1954, that I last saw the deceased alive on 3 Dec, 1954, and that death occurred at 6:30 AM, from the causes and on the date stated above.

SIGNATURE H. L. Stidwell (Degree or title) M.D ADDRESS Bel Air, Md DATE SIGNED 13 Dec 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12/14/54 NAME OF CEMETERY OR CREMATORY Parkwood Cem LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 12/13/54 REGISTRAR'S SIGNATURE Walter M. Hammett

24. FUNERAL DIRECTOR Lanahan Funeral Home ADDRESS 7401 Belair Rd

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11263

11256 Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Neilson (Last) Murdoch

4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June 10, 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Neilson

14. MOTHER'S MAIDEN NAME: Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Miss Elsie Bond Danbury, Conn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) inanition, failure of heart — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma of the liver — Interval Between Onset And Death: Probably 1½ yrs
DUE TO (c) carcinoma of bowel. — Interval Between Onset And Death: Knowledge operation Nov. '53

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arthritis, inflammatory - 40 yrs. rheumatic disease of heart

19a. DATE OF OPERATION: Nov. 1953

19b. MAJOR FINDINGS OF OPERATION Carcinoma of large bowel. Metastases in liver

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1946, to Dec. 4, 1954, that I last saw the deceased alive on Dec. 4, 1954 and that death occurred at 10:03 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charlotte McCarthy M.D. 2919 St. Paul St. zone 18 Dec. 6, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-7-1954
NAME OF CEMETERY OR CREMATORY Greenmount
LOCATION (City, town, or county) Balto. (State) MD

DATE REC'D BY LOCAL REGISTRAR 12-7-54
REGISTRAR'S SIGNATURE C. M. Hedrick Jr
24. FUNERAL DIRECTOR H. W. Jenkins & Sons Co. ADDRESS 4905 York Rd.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11257

11264 CERTIFICATE OF DEATH Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Towson (Balto. 12.) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6614 Loch Raven Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson (Balto. 12)
STREET ADDRESS (If rural give location) 6614 Loch Raven Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Elizabeth (Last) Murray
4. DATE OF DEATH: (Month) December (Day) 18, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Single	April 16, 1920	34 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country).	12. CITIZEN OF WHAT COUNTRY?
Domestic	General Housework	Maryland	USA

13. FATHER'S NAME: John A. Murray
14. MOTHER'S MAIDEN NAME: Elizabeth Heisen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	#	Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1
Immediate cause (a) Sarcoma of left pelvis — Interval Between Onset And Death: Unknown
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15, 1954, to 12-18, 1954, that I last saw the deceased alive on 12-18, 1954, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Gordon Grau MD	8513 Loch Raven Blvd, Towson 4 Md	12/20/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 21, 1954	Druid Ridge Cemetery	Pikesville, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 21, 1954	Mabel C. Gray	John Burns Sons	Towson, Md.

VS. A15

11258

11265

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. Co. — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex Md. — MARYLAND — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY 21 — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex Md. — STREET ADDRESS (If rural, give location) Waterford Rd. Box. 361 Route 1. 21

3. NAME OF DECEASED (Type or Print): (First) John (Middle) H. (Last) Myers Sr.

4. DATE OF DEATH: (Month) Dec. (Day) 18/54 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 30, 1905

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electricuan

10b. KIND OF BUSINESS OR INDUSTRY: Electrician

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fred Myers

14. MOTHER'S MAIDEN NAME: Lena Schlotte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-03-1966

17. INFORMANT: Box 361 D. Route 1 — Mrs. Alberta Myers, Waterford Rd. 21

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio-Vascular Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) — (b) 6 mo's

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) M.D. — ADDRESS — DATE SIGNED 12/22/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 22/54 — NAME OF CEMETERY OR CREMATORY: Schwartz's Cem. — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 12/20/54 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: Philip Herwig Sons — ADDRESS: 2024 Orleans St 31

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11259

11266 CERTIFICATE OF DEATH

Reg. Dist. No. 44

Item 12, Film G175 12-23-54 et

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7513 Iroquois Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
STREET ADDRESS (If rural give location) 7513 Iroquois Ave.

3. NAME OF DECEASED: (First) A INO (Middle) (Last) NELSON
4. DATE OF DEATH: (Month) December (Day) 9, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 3, 1891
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Finland
12. CITIZEN OF WHAT COUNTRY? Finland ✓

13. FATHER'S NAME: Don't know
14. MOTHER'S MAIDEN NAME: Don't know

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ---
17. INFORMANT & ADDRESS: Kauko Nenonen 7513 Iroquois Ave-19

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis - generalized
DUE TO

(c)

Interval Between Onset And Death: 30 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease Chronic Congestive Heart failure

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 53, to Dec 9, 19 54, that I last saw the deceased alive on Dec 7, 19 54 and that death occurred at 1 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M.A. Lundsen M.D. 520 D St. S.W. 12-13-54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF Dec. 11, 1954
NAME OF CEMETERY OR CREMATORY Greenmount
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR DEC 10-54
REGISTRAR'S SIGNATURE Dawson L. Farby
24. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2112 Dundalk Ave-22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11269

11267 CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ESSEX
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 528 FRANKLYN AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural, give location) 528 FRANKLYN AVE

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) NELSON

4. DATE OF DEATH: (Month) DEC. (Day) 21 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: NOV. 14- 1900

9. AGE last birthday: 54 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTANCE

10b. KIND OF BUSINESS OR INDUSTRY: SON. CAN. CO.

11. BIRTHPLACE (State or foreign country): BALTO. MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JAMES NELSON

14. MOTHER'S MAIDEN NAME: CATHERINE FRIEDEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 215-01-6069

17. INFORMANT & ADDRESS: LILLIAN MAE NELSON SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	2 1/2 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary Artery Disease	2 1/2 yr
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1952 to Dec 21 1954, that I last saw the deceased alive on Dec 21 1954, and that death occurred at 10.10 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Joseph Yucek MD ADDRESS 423 Eastern Ave Essex 21 md DATE SIGNED 12/22/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	DEC. 24-1954	OAK LAWN	EASTERN AVE MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-23-54	A W Hedrick	John J Connelly	Essex 21 md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11261

11268 CERTIFICATE OF DEATH Reg. Dist. No. . . .

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 27 yrs. 4 mos 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) At large
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) (Last) Neuhaus

4. DATE OF DEATH: (Month) Dec. (Day) 19, (Year) 1954

5. SEX: Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated
8. DATE OF BIRTH: Sept. 14, 1881
9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hungaria
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Franz Massong
14. MOTHER'S MAIDEN NAME: Margaret Rebel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
If Yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT & ADDRESS. Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Retroccal + Sulphemic Abscess
ANTECEDENT CAUSE (B) DUE TO Ruptured gangenous appendicitis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

19A. DATE OF OPERATION 12-7-54
19B. MAJOR FINDINGS OF OPERATION Acute Appendicitis
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1950, to Dec 19, 1954, that I last saw the deceased alive on Dec 19, , 1954, and that death occurred at 10 35 P M, from the causes and on the date stated above.
SIGNATURE John P. Risley MD ADDRESS Spring Grove State Hospital Catonsville Md. DATE SIGNED 12/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/21/54
NAME OF CEMETERY OR CREMATORY St. Peters
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 12-21-54
REGISTRAR'S SIGNATURE W. Jedrick
24. FUNERAL DIRECTOR H. Cook Inc
ADDRESS 1217 E. Fayette St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11262

11269 **CERTIFICATE OF DEATH** Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY BALTO MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ESSEX
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 401 DELAWARE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural, give location) 401 DELAWARE AVE.

3. NAME OF DECEASED: (Type or Print) (First) GRETCHEN (Middle) E (Last) OBITZ

4. DATE OF DEATH: (Month) DEC. (Day) 30 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: JAN. 21-1913

9. AGE last birthday: 41 yrs.

IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE

11. BIRTHPLACE (State or foreign country): BALTO. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U

13. FATHER'S NAME: WILLIAM E SCHELER

14. MOTHER'S MAIDEN NAME: LORETTA BANKARD.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -

(If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: CHARLESH OBITZ SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

17-A

Immediate cause (a) Cerebral apoplexy — Interval between onset and death: 1 day

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Carcinomatosis — 1 year

DUE TO

(c) Carcinoma breast — 7 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1947

19b. MAJOR FINDINGS OF OPERATION: Mastectomy

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954 to Dec 30, 1954 that I last saw the deceased alive on Dec 30, 1954, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J M Bumgardner MD ADDRESS Balto 6 Md DATE SIGNED 12/30/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF 1/3/55

NAME OF CEMETERY OR CREMATORY OAK LAWN

LOCATION (City, town, or county) BALTO. (State) MD.

DATE REC'D BY LOCAL REG. 12-31-54

REGISTRAR'S SIGNATURE A W Heine

24. FUNERAL DIRECTOR John H Donnelly. ADDRESS Essex 21 md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11263

11270 CERTIFICATE OF DEATH Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 58 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severn
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) GILBERT (Middle) A (Last) ODEN, JR.

4. DATE OF DEATH: (Month) (Day) (Year) December 9, 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 10/15/32

9. AGE last birthday 22 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Short Order Cook

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Severn, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gilbert A Oden Sr.

14. MOTHER'S MAIDEN NAME: Martha Potts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korean

16. SOCIAL SECURITY NO. 215 30 1805

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) RHEUMATIC HEART DISEASE WITH CONGESTIVE

ANTECEDENT CAUSE (S) FAILURE

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct.12, 1954, to Dec. 9, 1954 that I last saw the deceased alive on and that death occurred at 3:00PM, from the causes and on the date stated above.

SIGNATURE F G Dickey ADDRESS VAH, Fort Howard, Md. DATE SIGNED 12-10-54

FRANCIS G. DICKEY, M.D., Chief, Medical Service M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12/14/1954

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-14-54

REGISTRAR'S SIGNATURE A.W.Hedrich dmr.

24. FUNERAL DIRECTOR ADDRESS Katie Williams Funeral Home, 322 N. Schroeder Street, Baltimore, Md.

Mrs Katie B Williams

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11264

11271

CERTIFICATE OF DEATH

Reg. Dist. No. ... ..

1. PLACE OF DEATH:
COUNTY Balto - 20 MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle River
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto, Md.
STREET ADDRESS (If rural give location) 12 N. Linwood Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Bell (Last) Oest

4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 9, 1880
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward Hammer
14. MOTHER'S MAIDEN NAME: Annie Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. -----
17. INFORMANT & ADDRESS: Mrs. Norma Kellman-12 N. Linwood Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerotic Cardio-Vascular

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) renal disease — 2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/10, 1954 to 12/16, 1954 that I last saw the deceased alive on 12/16, 1954, and that death occurred at 9 P. M, from the causes and on the date stated above.

SIGNATURE J M Baumgardner M. D. ADDRESS Balto 6 DATE SIGNED 12/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 12/20/54
NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec 18 1954
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: John A. Moran
ADDRESS: 3000 E. Baltimore St.

per M. Lewis

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11265

11272 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 422 Murdock Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 422 Murdock Road

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) M. (Last) Ohle

4. DATE OF DEATH: (Month) 12/13/ (Day) (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	11/14/1890	64 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Accountant	Balto. News Post	Baltimore, Maryland	U.S.

13. FATHER'S NAME: Philip Ohle

14. MOTHER'S MAIDEN NAME: Delilah C. Wisler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No			Miss Alice Ohle, 422 Murdock Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

350X

IMMEDIATE CAUSE (A) Parkinsons Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept ....., 19 54, to Dec. 13, 19 54, that I last saw the deceased alive on Dec 12, 19 54., and that death occurred at 10:30 A M, from the causes and on the date stated above.

SIGNATURE Geza S. Kahan M. D. — ADDRESS 1101 St Paul St. Baltimore — DATE SIGNED Dec 13, 1954.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 16, 1954	Parkwood Cem.	Balto - Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12-14-54	G. E. Hedrick	L. J. Ruck, 5305 Harford Rd, Balto 14

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Jos. L. Hotan
Union Mem. Hosp

11273

11266

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex Balto,21 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Daughters Home 303 Sassafras Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 31
STREET ADDRESS (If rural, give location) 231 South Duncan Street

3. NAME OF DECEASED (Type or Print): (First) Victoria (Middle) (Last) Okonski
4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: July 12-1884
9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Chmielewski
14. MOTHER'S MAIDEN NAME: Frances ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Bernard T. Okonski 231 South Duncan Street

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio-Sclerotic C. V. Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema. —

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. Bezuris MD Dep. Med. Exam. Dundalk 26 Md. 12/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec,27,1954 | NAME OF CEMETERY OR CREMATORY: St. Stanislaus | LOCATION (City, town, or county) (State): 1300 Dundalk Ave Balto, Md.

DATE REC'D BY LOCAL REG. DEC 24 1954 | REGISTRAR'S SIGNATURE: ~~Mrs. Edith Hurley~~ Mrs. Edith Hurley mailed | 24. FUNERAL DIRECTOR: George A. Weber | ADDRESS: 705 S. Ann st

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11267

11271

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 42 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 1356 ANDRE STREET

3. NAME OF DECEASED: (Type or Print) (First) ADAM (Middle) Oleszczuk (Last) OLESCUK (OLECUTIK)

4. DATE OF DEATH: (Month) DECEMBER (Day) 4 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: NOVEMBER 25, 1892

9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STOREKEEPER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): POLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: FRANK OLESCUK Oleszczuk

14. MOTHER'S MAIDEN NAME: FRANCES ~~UNK UNKNOWN~~ TELAKOWIEC

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FORT HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ADENOCARCINOMA OF RECTUM WITH METASTASES — INTERVAL BETWEEN ONSET AND DEATH: 2 YEARS

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT. 23, 1954, to DEC. 4, 1954 ~~that I saw the deceased~~ and that death occurred at 2:35 A M, from the causes and on the date stated above.

SIGNATURE Robert C. Bair, M.D. ADDRESS M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 12-4-54

ROBERT C. BAIR, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF Dec 7/54 — NAME OF CEMETERY OR CREMATORY HOLY CROSS CEMETERY — LOCATION (City, town, or county) BALTIMORE, MARYLAND (State)

DATE REC'D BY LOCAL REGISTRAR 12-6-54 — REGISTRAR'S SIGNATURE G. W. Hedrick

24. FUNERAL DIRECTOR AND ADDRESS JOHN WEBER FUNERAL HOME 401 S. CHESTER STREET, BALTIMORE, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11268

11275 CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT
MARYLAND LENGTH OF STAY (in this place) 19 Y
HOSPITAL OR INSTITUTION OR STREET ADDRESS CARROLL NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD COUNTY BALTO
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK
STREET ADDRESS (If rural give location) 4 FLAGSHIP

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) PAUL (Last) O'ROURK

4. DATE OF DEATH: (Month) (Day) (Year) 12-24-1954

5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 8. DATE OF BIRTH: MAR. 22. 1887 | 9. AGE last birthday: 67 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): CIVIL ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFG.
11. BIRTHPLACE (State or foreign country): PENNA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES W.
14. MOTHER'S MAIDEN NAME: LEAH EBY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 213-07-9546A
17. INFORMANT & ADDRESS: CLARA O'ROURK — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio-Vascular Disease — Interval Between Onset And Death: 3 yrs.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: (Cerebral Arteriosclerosis & Senile Changes) 3 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Dec. 24, 1954, that I last saw the deceased alive on Dec. 10, 1954, and that death occurred at 9:45 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) M. Dawson MD
ADDRESS Dundalk Md
DATE SIGNED 12/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 12-27-54
NAME OF CEMETERY OR CREMATORY WOODLAWN
LOCATION (City, town, or county) (State) BALTO. CO. MD.

DATE REC'D BY LOCAL REGISTRAR Dec. 29-54
REGISTRAR'S SIGNATURE Dawson L. Farber
24. FUNERAL DIRECTOR Allen J. Lentz, Sons
ADDRESS Dundalk Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11269

11276

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3316 Forrest Park Avenue

3. NAME OF DECEASED: (Type or Print) (First) MAX (Middle) (NMI) (Last) PFEFFER

4. DATE OF DEATH: (Month) (Day) (Year) December 10 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/16/92

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab driver

10B KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Moses Pfeffer

14. MOTHER'S MAIDEN NAME: Cecelia Zuckerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) RESPIRATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSE (B) DUE TO CEREBROVASCULAR ACCIDENT

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO: GENERALIZED & CEREBRAL ARTERIOSCLEROSIS

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Injury Right Lower Extremity and/or Thrombophlebitis

19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 9. , 1954, to Dec. 10, 19 54 that I last saw the deceased alive on and that death occurred at 6:35PM, from the causes and on the date stated above.

SIGNATURE GEORGE LERNER, M.D. ADDRESS M. D. VAH, Fort Howard, Md. DATE SIGNED 12/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12-12-54 — NAME OF CEMETERY OR CREMATORY Beth Tfiloh Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR DEC 12 1954 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR ADDRESS Jack Lewis Inc. 2100 Eutaw Place, Baltimore, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11270

11277

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 37 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 1017 John Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) L (Last) PHILLIPS

4. DATE OF DEATH: (Month) December (Day) 9 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/25/18

9. AGE last birthday: 36 yrs

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Exterminator

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fitzgerald, Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Phillips

14. MOTHER'S MAIDEN NAME: Alice Fountain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 261 16 9368

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp. Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) RHEUMATIC HEART DISEASE WITH AORTIC AND	UNKNOWN
ANTECEDENT CAUSE (S)	MITRAL VALVULITIS	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Infarction left kidney Infarction left lung	7 days 5 days

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2, 1954 to Dec. 9, 1954 that I last saw the deceased alive on [illegible] and that death occurred at 8:40A M, from the causes and on the date stated above.

SIGNATURE J. J. NOLAN, M.D. ADDRESS M. D. VAH, Fort Howard, Md. DATE SIGNED 12-10-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 12-17-54

NAME OF CEMETERY OR CREMATORY Southern Memorial Park

LOCATION (City, town, or county) (State) North Miami, Fla.

DATE REC'D BY LOCAL REGISTRAR 12-10-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Wm.Cook-Blight Inc. 6009 Harford Rd. Baltimore, Md.

SHIPPED TO: Alan Wright Funeral Home North Federal Highway, Hollywood, Fla

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11271

11278

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY BALTO. CO. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 30yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1307 MIDVALE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural give location) 1307 MIDVALE AVE.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) V. (Last) PIERPONT

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 54 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: 7/28/1869

9. AGE last birthday: 85 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: CLERK

10b. KIND OF BUSINESS OR INDUSTRY: DO. NUT CORP.

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES V. PIERPONT

14. MOTHER'S MAIDEN NAME: MARY ROBIER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: VERNON PIERPONT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1
(a) Congestive heart failure — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerotic Cardiovascular disease — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to Dec 8, 1954, that I last saw the deceased alive on Dec 5, 1954, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert J. Lucas, MD ADDRESS 2436 Washington Blvd. DATE SIGNED 12/9/54

BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 12/11/54

NAME OF CEMETERY OR CREMATORY LOUDON PARK

LOCATION (City, town, or county) (State) BALTO. Md

DATE REC'D BY LOCAL REGISTRAR 11-10-54

REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR MACNABB & SON ADDRESS

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11272

11279

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) #29
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 931 Coleridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) #29
STREET ADDRESS (If rural give location) 931 Coleridge Road

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) M. (Last) Porter

4. DATE OF DEATH: (Month) Dec (Day) 19 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Nov. 15, 1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tariff Inspector

10B. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Marshall Porter

14. MOTHER'S MAIDEN NAME: Cora Ann Bauserman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Mrs. Ida B. Porter-931 Cole Ridge Rd. #29

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypertensive Cardio-Vascular

ANTECEDENT CAUSE (S) DUE TO Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma of the Prostate

DUE TO (C) with Metastases.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hemiplegia Rt old.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 54, 19.., to 19 Dec 54, 19.., that I last saw the deceased alive on 17 Dec 54, 19.., and that death occurred at 7.45 A.M., from the causes and on the date stated above.

SIGNATURE H. E. Grath M.D. M.D. ADDRESS 1707 Edmondson Ave. Catonsville 28 Md DATE SIGNED 19 Dec 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 12/22/54

NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem.

LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR: 12-21-54

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons

ADDRESS: Balto 17 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11273

11280

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28
STREET ADDRESS (If rural give location) 27 Maple Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Jane (Last) Porter

4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 2-13-1885
9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Gildea
14. MOTHER'S MAIDEN NAME: Margaret Meeks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Charles E. Porter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) LYMPHOBLASTOMA/..... INTERVAL BETWEEN ONSET AND DEATH: 8 MOS

ANTECEDENT CAUSE (S) DUE TO (B) --

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) --

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. HEALED TUBERCULOSIS

19A. DATE OF OPERATION: AUG,1,1954
19B. MAJOR FINDINGS OF OPERATION: LYMPHOBLASTOMA.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 0
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) 0

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 0 M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from APR,23, 1954 to DEC,28 1954 that I last saw the deceased alive on DEC 27, 1954, and that death occurred at 2:30 M, from the causes and on the date stated above.

SIGNATURE A. Lloyd Timon M.D. ADDRESS CATONSVILLE MD. DATE SIGNED DEC,30,1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 12-31-1954
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 12/31/54
REGISTRAR'S SIGNATURE: T.E. Harry

24. FUNERAL DIRECTOR: MacNabb & Son ADDRESS: Catonsville

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JAN 4 1955
BUREAU N. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11274

11281

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Balto. MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Annesliz

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 506 Murdock Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annesliz

STREET ADDRESS (If rural, give location): 506 Murdock Rd.

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) M. (Last) Pryor

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	5/7/1877	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Balto. Md.	

13. FATHER'S NAME: James Brown

14. MOTHER'S MAIDEN NAME: Lou Mahaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Stanley F. Pryor 605 Murdock Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May 6, 1952, to Dec 5, 1954, that I last saw the deceased alive on Dec 5, 1954 and that death occurred at 5 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Laurence C. Rosh M.D. ADDRESS 6905 York Rd Baltimore 12 Md DATE SIGNED 12/7/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/8/54	Maryland Park	Parkville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-7-54	A. R. Medrek Jr	W M Cook Inc	127 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11282 CERTIFICATE OF DEATH

Reg. Dist. No. 11275

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit
STREET ADDRESS (If rural give location) 21 S. Main St.

3. NAME OF DECEASED: (Type or Print) (First) Reba (Middle) (Last) Rappaport

4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH. 1892

9. AGE last birthday 62 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Hyman Schneider

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage

ANTECEDENT CAUSE (B) DUE TO Hypertensive c.V. disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO Arteriosclerotic heart disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12-, 1954, to 12-1-, 1954, that I last saw the deceased alive on 11-30-, 1954, and that death occurred at 7:55a M, from the causes and on the date stated above.
SIGNATURE Stella Wachsler
ADDRESS Spring Grove State Hospital, Catonsville 28, Maryland
DATE SIGNED 12-1-54
M.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 12/1/54
NAME OF CEMETERY OR CREMATORY Mt. Lebanon
LOCATION (City, town, or county) (State) Collingdale, Pa.

DATE REC'D BY LOCAL REGISTRAR 12-1-54
REGISTRAR'S SIGNATURE C. H. Hedrick D.C.
24. FUNERAL DIRECTOR Sol Levinson & Bros. Inc.
ADDRESS 1124-26 W. North Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11283 **CERTIFICATE OF DEATH** 11276

Reg. Dist. No. . . . . .

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3031 Linwood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
STREET ADDRESS (If rural give location) 3031 Linwood Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mr. (Middle) Louis P. (Last) Rausch

4. DATE OF DEATH: (Month) Dec. (Day) 25th (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 17,

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Agent,

10B. KIND OF BUSINESS OR INDUSTRY: B, & O. R.R .

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Rausch

14. MOTHER'S MAIDEN NAME: Katherine Helm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-05-7779

17. INFORMANT & ADDRESS: Mrs. AgnesP. Rausch, 3031 Linwood Avenue#11

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

1954

IMMEDIATE CAUSE (A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 Months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Carcinoma of Rectum — 2 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1952

19B. MAJOR FINDINGS OF OPERATION Carcinoma Rectum

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, 19....., to 19....., 1954, that I last saw the deceased alive on Dec 24., 1954, and that death occurred at 10 PM, from the causes and on the date stated above.

SIGNATURE Harold H Burns M. D. ADDRESS 8106 Harford Rd DATE SIGNED 14 Balto Md.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Dec.29, 1954

NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-29-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Leonard J. RUck, 5305 Harford Road #14

Dr. Burns.

8106

11277

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11284 **CERTIFICATE OF DEATH** Reg. Dist. No. 20

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ~~Baltimore~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 14
STREET ADDRESS (If rural give location) 3111 White Ave.

3. NAME OF DECEASED: (Type or Print) (First) Delos (Middle) V. (Last) Reed
4. DATE OF DEATH: (Month) 12-12 (Day) (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH. 6-5-1867
9. AGE last birthday 87 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper-hanger
10B. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Oscar Delos Reed
14. MOTHER'S MAIDEN NAME: Catherine Seegrons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Cora M. Reed-White 3111

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4

IMMEDIATE CAUSE (A) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Chronic congestive heart failure — months

(C) Arteriosclerotic cardiovalvular disease — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 8, 1954, to Dec. 12, 1954, that I last saw the deceased alive on Dec. 11, 1954, and that death occurred at 8:35 AM, from the causes and on the date stated above.

SIGNATURE Louis Frances Woodward M. D. ADDRESS Spring Grove State Hosp. DATE SIGNED 12-12-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-15-54
NAME OF CEMETERY OR CREMATORY Maryland Park
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-13-54
REGISTRAR'S SIGNATURE Dan Hedrick Deputy
23. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11278

11285 CERTIFICATE OF DEATH Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balt.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson, Md.
STREET ADDRESS (If rural give location) Eudowood San.

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) Hugh (Last) Reilly
4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1954.
5. SEX: male
6. COLOR OR RACE: W.
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb. 18, 1881
9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Orderly
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hugh Reilly
14. MOTHER'S MAIDEN NAME: Alice Quillan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Personal History Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) DUE TO Pulmonary Tuberculosis. — Interval Between Onset And Death 2 yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Inguinal Hernia — ?

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/14, 1954, to 12/25, 1954, that I last saw the deceased alive on 12/25, 1954, and that death occurred at 7:45 PM from the causes and on the date stated above.
SIGNATURE (Degree or title) Fulton B. Kreas
ADDRESS Eudowood Sanatorium - Towson 4, Maryland
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF DEC. 28, 1954
NAME OF CEMETERY OR CREMATORY MT. MARIE CEMETERY
LOCATION (City, town, or county) (State) TOWSON, MD.
DATE REC'D BY LOCAL REGISTRAR Dec. 28, 1954
REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR JOHN BORNS' SONS, TOWSON, MD.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11279

11286

CERTIFICATE OF DEATH

Reg. Dist. No. 4K

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21201
STREET ADDRESS (If rural give location) 738 McKewin Avenue

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) G. (Last) REJZEK

4. DATE OF DEATH: (Month) (Day) (Year) December 10 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 11/11/28
9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph J. Rejzek
14. MOTHER'S MAIDEN NAME: Margaret MN: McKENZIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korean
16. SOCIAL SECURITY NO. 214-24-8519
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) HODGKIN'S DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 28, 1954 to Dec. 10, 1954, ~~that I last saw the deceased~~ ~~on~~ ~~and that death occurred at~~ 11:50 AM, from the causes and on the date stated above.

SIGNATURE F S Dickey ADDRESS DATE SIGNED
FRANCIS G. DICKEY, M.D., Chief, Medical Service, V.A.H., Fort Howard, Md. 12/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-13-54
NAME OF CEMETERY OR CREMATORY Moreland Memorial
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-13-54
REGISTRAR'S SIGNATURE H W Hedrick
24. FUNERAL DIRECTOR ADDRESS Wm. Cook Inc. Funeral Home, St. Paul & Preston Sts., Baltimore, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11284

1105 11287

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28
LENGTH OF STAY (in this place) 16yrs. 6mos. 24days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 119 S. Franklintown Rd.

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) E. (Last) Rembold

4. DATE OF DEATH: (Month) 12-17 (Day) (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 5, 1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Rembold

14. MOTHER'S MAIDEN NAME: Emma May Husesing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1919-20

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X

IMMEDIATE CAUSE (A) Carcinoma of esophagus — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (S) DUE TO with regional metastases

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1 ....., 1952 to 12-17 ....., 1954, that I last saw the deceased alive on 12-17 ....., 1954, and that death occurred at 5:45 PM, from the causes and on the date stated above.

SIGNATURE Louie Frances Woodward ADDRESS M.D. Spring Grove State hosp. DATE SIGNED 12-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF DEC. 21/54 | NAME OF CEMETERY OR CREMATORY BALTO. CEMETERY | LOCATION (City, town, or county) (State) BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR 12/19/54 | REGISTRAR'S SIGNATURE V.E. Harvey | 24. FUNERAL DIRECTOR Harry H. Wiltbe | ADDRESS 4101 EDMONDSON AVE.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11281

11288

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyde, Maryland
STREET ADDRESS (If rural give location) RFD, New Cut Road

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) E. (Last) RIEMAN

4. DATE OF DEATH: (Month) December (Day) 26, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 9/2/93

9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY: Dry Goods Industry

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Fred Rieman

14. MOTHER'S MAIDEN NAME: Katie Stumph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) INTRACRANIAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ARTERIOSCLEROSIS, GENERALIZED — UNKNOWN

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec.25., 19 54 to Dec.26., 19 54 that I last saw the deceased alive on and that death occurred at 2:20 P. M. from the causes and on the date stated above.

SIGNATURE Irving Fallman, Lt.(j.g.) USPHS M. D. ADDRESS FORT HOWARD, MARYLAND DATE SIGNED 12/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF DEC 29 1954

NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery

LOCATION (City, town, or county) (State) Balto., Maryland

DATE REC'D BY LOCAL REGISTRAR 12-27-54

REGISTRAR'S SIGNATURE G. M. Hedrick

24. FUNERAL DIRECTOR ADDRESS Dippell Brothers Funeral Home 7110 Belair Rd., Balto., Maryland

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11282

11289

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Baltimore, MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lockhern
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5415 Montbel Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore,
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lockhern
STREET ADDRESS (If rural give location) 5415 Montbel Ave.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) WATKINS (Last) ROLPH

4. DATE OF DEATH: (Month) DEC. (Day) 29, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: Aug. 28, 1881

9. AGE last birthday: 73 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired accountant

10B. KIND OF BUSINESS OR INDUSTRY: B. & O. R.R.

11. BIRTHPLACE (State or foreign country): Chestertown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Rolph

14. MOTHER'S MAIDEN NAME: Robina Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Robina Roeth 5415 Montbel Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO arteriosclerosis — 10 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1954, to Dec. 29, 1954, that I last saw the deceased alive on Dec. 19, 1954, and that death occurred at 2 P. M, from the causes and on the date stated above.

SIGNATURE Marvin Goldstein ADDRESS M. D. 5334 Liberty Heights Ave DATE SIGNED Dec. 29, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: Dec. 31, 1954 | NAME OF CEMETERY OR CREMATORY: Druid Ridge | LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR: 12-30-54 | REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR: John Mitchell & Sons ADDRESS: 1900 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11283

11290 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: Rosewood State Training School
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Maryland
LENGTH OF STAY (in this place) 1-year-1 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School Owings Mills, Maryland

USUAL RESIDENCE (HOME) OF DECEASED: 3000 Reisterstown Road
STATE Baltimore 15, Maryland COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 3000 Reisterstown Road

3. NAME OF DECEASED: (Type or Print) (First) Joan (Middle) Pauline (Last) Rosenberg
4. DATE OF DEATH: (Month) 12 (Day) 12 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-23-45
9. AGE last birthday: 9 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Ira B. Rosenberg (deceased)
14. MOTHER'S MAIDEN NAME: Annette Casper Rosenberg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Rosewood State Training School Owings Mills, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Aspiration Pneumonia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Spastic Quadripletia
DUE TO
(c)

Interval Between Onset And Death: 1-day

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒ X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12-, 19 53, to 12-12-, 19 54, that I last saw the deceased alive on 12-12-, 19 54, and that death occurred at 12:15 p.m., from the causes and on the date stated above.
SIGNATURE H. S. Bunker M.D. (Degree or title)
ADDRESS Owings Mills, Md
DATE SIGNED 12/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-13-54
NAME OF CEMETERY OR CREMATORY Oheb Sholom
LOCATION (City, town, or county) Dalto
(State) Md
DATE REC'D BY LOCAL REGISTRAR 12-13-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Jack Lewis
ADDRESS 3100 Eutaw Pl

11291 12064

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Randallstown Md.
STREET ADDRESS (If rural, give location) 8715 Liberty Rd.

3. NAME OF DECEASED: (Type or Print) (First) CLINTON (Middle) OTTOBINE (Last) ROWLAND

4. DATE OF DEATH (Month) Dec (Day) 25 (Year) 1954

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Compound Fractured Skull	Instant
	DUE TO	Crushed Chest.	
Antecedent cause(s)	(b)	Crushed Pelvis.	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO	Fractured Rt. Femur. Compound fractures of both legs	
	(c)	auto accident.	Instant

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Epilepsy. — 30 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway

21c. (City or town) Randallstown (County) Balto. (State) Md.

21d. TIME OF INJURY (Month) Dec (Day) 25 (Year) '54 (Hour) 7:15 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Pedestrian struck by auto.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE A. D. Caplis M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12-26-'54

23. BURIAL, CREMATION, REMOVAL (Specify): Ent

DATE THEREOF 12-29-54

NAME OF CEMETERY OR CREMATORY Mt Olive

LOCATION (City, town, or county) Randallstown (State) Md

DATE REC'D BY LOCAL REG. 12/26/54

REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR Frank H. Hewell

ADDRESS Pikesville Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11284

11292 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 1 yr. 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 N. Beechwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28
STREET ADDRESS (If rural give location) 209 N. Beechwood Ave.

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) R. (Last) Schaefer

4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 2-6-1871

9. AGE last birthday 83 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernard Leidig

14. MOTHER'S MAIDEN NAME: Katherine Hensel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Miss. Amelia Schaefer

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X
IMMEDIATE CAUSE (A) Carcinomatosis DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: (A) ~~4 mos~~

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1950

19B. MAJOR FINDINGS OF OPERATION: Rt Breast removal

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, 19 , to 12/28, 1954, that I last saw the deceased alive on 12/27/54, 19 . . , and that death occurred at 10.45 P.M., from the causes and on the date stated above.

SIGNATURE Damian P. Alagia M. D. ADDRESS 3316 Fredericks DATE SIGNED 10/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12-31-1954

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 12/31/54

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR MacNabb & Son ADDRESS Catonsville

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 4 1955
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11285

11293 CERTIFICATE OF DEATH Reg. Dist. No. 5-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 334 Stafford Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 334 Stafford Drive

3. NAME OF DECEASED: (Type or Print) (First) Johanna (Middle) W. (Last) Scheufele
4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 8/9/1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Faith Healer
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Theodore Faugman
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr Raymond T. Scheufele 334 Stafford Drive

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary occlusion	30 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis	Undet.
	DUE TO (c) Hypertensive Cardiovascular Disease	Undet.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19, 1948, to Dec 15, 1954, that I last saw the deceased alive on Dec 7, 1954, and that death occurred at 7:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A Bradley Daugherty MD 1264 Francis Ave 12-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12/20/54 NAME OF CEMETERY OR CREMATORY Meadowridge Mem PK LOCATION (City, town, or county) (State) Washington Rd

DATE REC'D BY LOCAL REGISTRAR 12-17-54 REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR John J. Convery Son ADDRESS 29 Collins

VS. A15

11294 11286

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Mount Providence
COUNTY: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 24
LENGTH OF STAY (In this city): All life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 627 S. Bagley St.

2. USUAL RESIDENCE (HOME) OF DECEDENT: (Where does he live?)
STATE: Md COUNTY: Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Essex. Balto 21
STREET ADDRESS (If rural, give location): 415 Beck St.

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) George (Last) Lehmitt.
4. DATE OF DEATH (Month) (Day) (Year): DEC. 16, 1954.
5. SEX: Male
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Sept 23 1908
9. AGE Last birthday: 46 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipfitter
10b. KIND OF BUSINESS OR INDUSTRY: Shipyard
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Lehmitt.
14. MOTHER'S MAIDEN NAME: Patricia Heinman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): yes. (If Yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 217-01-3579.
17. INFORMANT & ADDRESS: Mrs. Ursula Lehmitt (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinomatosis, Stomach & Pancreas. DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary occlusion DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 6 mos / Months

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 16 1954 9 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE C. McCarmine M.D. M. D.
~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☒ ~~ASSISTANT MEDICAL EXAMINER~~ ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 12-20-54
NAME OF CEMETERY OR CREMATORY: SACRED HEART CEM.
LOCATION (City, town, or county) (State): 7401 GERMAN HILL RD., MD

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Charles S. Zeiler
ADDRESS: 901 S. CONKLING ST BALTO., 24, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11295

CERTIFICATE OF DEATH

11287

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 62 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3726 Woodhaven Ave.

3. NAME OF DECEASED: (Type or Print) (First) MILTON (Middle) S. (Last) SCHWARTZ

4. DATE OF DEATH: (Month) (Day) (Year) December 21 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/27/97

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fabricator

10B. KIND OF BUSINESS OR INDUSTRY: Steel plant

11. BIRTHPLACE (State or foreign country): Brooklyn, N. Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Morris Schwartz

14. MOTHER'S MAIDEN NAME: Marie Beenstock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. 216-24-2675

17. INFORMANT & ADDRESS: Clin.Records,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DIABETES MELLITUS — Unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 1954, to Dec. 21, 1954 [illegible], and that death occurred at 11:30 PM from the causes and on the date stated above.

SIGNATURE F. G. Dickey ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M.D., CHIEF, MEDICAL SERVICE, VAH, Ft. Howard, Md. 12/22/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 12-23-54

NAME OF CEMETERY OR CREMATORY: Rosedale Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 12-23-54

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Jack Lewis Funeral Home

ADDRESS: 2100 Eutaw Place Balto., Md.

11288

MARYLAND STATE DEPARTMENT OF HEALTH

11296

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bath Steel Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2815 Ailsa Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas.	Coster	Scott	12 -	18	19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	July 10, 1896	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Marine Captain		Baltimore, Maryland	USA

13. FATHER'S NAME: John Scott
14. MOTHER'S MAIDEN NAME: Rebecca Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	218-12-4504	Mrs. Effie A. Scott, 2815 Ailsa Avenue #14

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W D Davis MD	Dep Medical Exam	Dundalk	12/18/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 21, 1954	Woodlawn Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-20-54	[signature]	Leonard J. Ruck,	5305 Harford Road #14

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11289

11162 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item if information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HALETHORPE.
LENGTH OF STAY (in this place) 10 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5607 OREGON AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND. COUNTY (
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HALETHORPE
STREET ADDRESS (If rural give location) 5607 OREGON AVE.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES. (Middle) (Last) SEILER

4. DATE OF DEATH: (Month) DEC. (Day) 30 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JUNE 26, 1866

9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAPER HANGER

10B. KIND OF BUSINESS OR INDUSTRY: OWN BUSINESS

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE.

17. INFORMANT & ADDRESS: MRS. MARY WELCH. 5607 OREGON AVE.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypertensive A.S.C.V.D.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/ ..., 1953 to 12/30, 1954, that I last saw the deceased alive on 12/29, 1954, and that death occurred at 11:25 AM, from the causes and on the date stated above.

SIGNATURE John C. Healy M. D. ADDRESS Halethorpe, Md DATE SIGNED 12/31/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF JAN. 3/55

NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL PARK

LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 1-3-55

REGISTRAR'S SIGNATURE C. L. Hilland Jr.

24. FUNERAL DIRECTOR Joseph T. Cookson, Jr. ADDRESS 1018 Sulphur Spr. Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11290

11297

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

1. PLACE OF DEATH:

COUNTY: Balto. | MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Kenwood | LENGTH OF STAY (in this place): 10 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7425 Kenlea Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. | COUNTY: Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea Kenwood

STREET ADDRESS (If rural give location): 7425 Kenlea Ave

3. NAME OF DECEASED: (Type or Print) (First) MONICA (Middle) (Last) Seiler

4. DATE OF DEATH: (Month) Dec (Day) 20 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F.	W.	Single	April 9 - 1893	61 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Seamstress	Kramer Co Dresses	Lemont Ill.	U.S.A.

13. FATHER'S NAME: Anton Seiler

14. MOTHER'S MAIDEN NAME: Fredericka Straam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	339-07-6722	Francis J Seiler 7425 Kenlea Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause — (a) (2) Carcinoma of Sigmoid — Interval Between Onset And Death: 3 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) (1) Carcinomitosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Sept 1951	Carcinoma of Sigmoid	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept ..., 1953, to Dec 20 ..., 1954, that I last saw the deceased alive on Dec 19 ..., 1954, and that death occurred at 9:30 AM; from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. M. Baumgardner	M.D.	Balto 6 Md.	12/20/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 24-54	St Alphonsus Cem.	Lemont Ill.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-21-54	A W Hedrick	Doggel Bros.	7110 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11291

11298

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Randallstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Randallstown
STREET ADDRESS (If rural give location) Burmont Av. R F D 1 Box 169 A

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Albert H Severinsen

4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Jan 14 1901
9. AGE last birthday: 53 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Statistical Clerk
10B. KIND OF BUSINESS OR INDUSTRY: U.S.Gov.
11. BIRTHPLACE (State or foreign country): Brooklyn N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Severinsen
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
15. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Dorothea F Severinsen R F D 1 Box 169 A

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 Min.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO: Cardio-Vascular Disease
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/11/, 1954 to 12/11/, 1954, that I last saw the deceased alive on 12/11/, 1954, and that death occurred at 2 P M, from the causes and on the date stated above.

SIGNATURE Wm. E. Martin ADDRESS M. D. Randallstown Md DATE SIGNED 12/12/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Dec 14 1954
NAME OF CEMETERY OR CREMATORY: Woodlawn
LOCATION (City, town, or county) (State): Woodlawn Md

DATE REC'D BY LOCAL REGISTRAR 12/12/54
REGISTRAR'S SIGNATURE Wm. E. Martin
24. FUNERAL DIRECTOR Harry A. Arnscott ADDRESS 4204 Ridgewood Ave

11299 11292

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Phys[illegible]: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 40-½ mile east Middle River Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penn. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Melrose Park
STREET ADDRESS (If rural, give location) 7616 Mountain Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) MOSES (Last) SIMON

4. DATE OF DEATH (Month) (Day) (Year) December 27 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 17, 1875

9. AGE Last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Advertising

10b. KIND OF BUSINESS OR INDUSTRY: Own Advertising

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Moses Simon

14. MOTHER'S MAIDEN NAME: Fannie Levi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr. Fred M. Simon, Jr. - 3100 High School Rd. Melrose Park, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Crushing injury of head
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY road

21c. (City or town) Middle River (County) Baltimore (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 27, 1954 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Passenger in auto which ran out of control and struck post

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED Dec. 27, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): removal

DATE THEREOF 12/28/54

NAME OF CEMETERY OR CREMATORY –

LOCATION (City, town, or county) (State) Philadelphia, Pa.

DATE REC'D BY LOCAL REG. 12-30-54

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Wm. J. Dickner & Sons ADDRESS Balto. 17, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11293

11300

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Wilson
LENGTH OF STAY (in this place) 20 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 718 Carroll Street, Baltimore

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) WASHINGTON (Last) SMITH

4. DATE OF DEATH: (Month) DEC. (Day) 13, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: 11-17-1899

9. AGE last birthday 55 yrs
IF UNDER 1 YEAR, Months / Days
IF UNDER 24 HRS., Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10B KIND OF BUSINESS OR INDUSTRY: HARRISON LUMBER COM.

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: WILLIAM SMITH

14. MOTHER'S MAIDEN NAME: REBECCA DAY GLEN BURNIE MD. 704 LIGHT ST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service) C

16. SOCIAL SECURITY NO. 277-07-6597

17. INFORMANT & ADDRESS: SARA H TURNER, 162 Oroville Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002X

IMMEDIATE CAUSE (A) PULMONARY TUBERCULOSIS, FAR ADVANCED

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-24-, 1954, to 12-13-, 1954, that I last saw the deceased alive on 12-12-, 1954, and that death occurred at 600 A M, from the causes and on the date stated above.

SIGNATURE William Newcomer ADDRESS WM. NEWCOMER M.D. MT. WILSON, MD. DATE SIGNED 12-13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 12/13/54

NAME OF CEMETERY OR CREMATORY Big Stone Gap, Va.

LOCATION (City, town, or county) (State) Big Stone Gap Va

DATE REC'D BY LOCAL REGISTRAR 12-13-54

REGISTRAR'S SIGNATURE A.W.Hedrich

24. FUNERAL DIRECTOR Wm. Cook Inc.

ADDRESS 1217 N. Paul St.

dmr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11301

CERTIFICATE OF DEATH

11294

Reg. Dist. No. 20

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3Y-1-4
STREET ADDRESS (If rural give location) 607 Gilmore Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) (NMI) (Last) SMITH

4. DATE OF DEATH: (Month) (Day) (Year) December 23, 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6/9/90

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handyman

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4

IMMEDIATE CAUSE (A) ADYNAMIC ILEUS — INTERVAL BETWEEN ONSET AND DEATH: 7 DAYS

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) PNEUMONIA, BOTH LUNGS — UNKNOWN

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from Dec.16, , 1954, to Dec.23,, 1954, that I last saw the deceased alive on [illegible], and that death occurred at 1:40 P.M., from the causes and on the date stated above.

SIGNATURE Milton Ginsberg — ADDRESS — DATE SIGNED

MILTON GINSBERG, M. D. M. D. FORT HOWARD, MARYLAND 12/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12-29-54 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-27-54 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: George Gibson, Jr.Funeral Home 1631 Druid Hill Ave., Balto., Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11302 — Reg. Dist. No. 1129 3y

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
LENGTH OF STAY (in this place): 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sheppard and Enoch Pratt Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balto. City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 605 Cathedral Street

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) Louise (Last) Snowden

4. DATE OF DEATH: (Month) December (Day) 1 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 19, 1870

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John T. Snowden

14. MOTHER'S MAIDEN NAME: Marie Louise ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Pulmonary Embolism — Interval Between Onset And Death: 1 min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Generalized arteriosclerosis — Unk.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic depressive psychosis, Mixed type — 30 +

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ..., 1930, to Dec 1 ., 1954, that I last saw the deceased alive on Nov. 30, 1954 and that death occurred at 2:40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): W. W. Elgin M.D. — ADDRESS: THE SHEPPARD & ENOCH PRATT HOSPITAL Towson-4, Md — DATE SIGNED: 12/2/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 4, 1954 — NAME OF CEMETERY OR CREMATORY: Green Mount Cem. — LOCATION (City, town, or county) (State): Balto. Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-2-54 — REGISTRAR'S SIGNATURE: A. M. Hedrick — 24. FUNERAL DIRECTOR: Wm. J. Pickens & Sons — ADDRESS: Balto 17 Md

VS. A15

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11303

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11296
Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sparks, Md.
STREET ADDRESS (If rural give location) ~~Route #~~ Gruber Bottom, Rd.

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) T. (Last) SPEED

4. DATE OF DEATH: (Month) (Day) (Year) December 25, 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 9/9/95

9. AGE last birthday 59 ~~65~~ yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Man

10B. KIND OF BUSINESS OR INDUSTRY: Penn. Railroad

11. BIRTHPLACE (State or foreign country) Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Speed

14. MOTHER'S MAIDEN NAME: Annie Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO 717-07-6406

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

201X

IMMEDIATE CAUSE (A) HODGKINS DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 16, 1954 to Dec. 25, 1954, that I last saw the deceased ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 5:30 A. M, from the causes and on the date stated above.

SIGNATURE Milton Ginsberg
ADDRESS FORT HOWARD, MARYLAND
DATE SIGNED 12/25/54

MILTON GINSBERG, M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-28-54
NAME OF CEMETERY OR CREMATORY St. Lukes, A.M.E. Hereford Cemetery
LOCATION (City, town, or county) (State) Hereford, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec. 29-54
REGISTRAR'S SIGNATURE Dawson L. Barber

24. FUNERAL DIRECTOR Brooks Funeral Home
ADDRESS Glen Arm-Sparks, Maryland
L. Scott Brooks

11297

11304

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch cliff near Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria Ÿ Cevarra Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch cliff near Towson
STREET ADDRESS (If rural, give location) Ÿ Cevarra Rd.

3. NAME OF DECEASED (Type or Print) (First) Sr. Mary (Middle) Rogeria (Last) Stoeffler

4. DATE OF DEATH (Month) Dec. (Day) 14 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Aug 22 1879

9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher

10b. KIND OF BUSINESS OR INDUSTRY RELIGIOUS

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Adam Stoeffler

14. MOTHER'S MAIDEN NAME Mary Eve Franks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Sr. Mary Clara Notch cliff md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Thrombosis	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cardio vascular Hypertensive	3 yrs.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1953, to Dec. 14, 1954, that I last saw the deceased alive on Dec. 14, 1954, and that death occurred at 7.50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Sr. Mary Clara Stoeffler ADDRESS 7501 York Rd Towson Md DATE SIGNED 12/14/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF 12-16-54.

NAME OF CEMETERY OR CREMATORY VILLA MARIA CEM.

LOCATION (City, town, or county) (State) NOTCH CLIFF NR Towson Md

DATE REC'D BY LOCAL REG. 12-15-54

REGISTRAR'S SIGNATURE A. W. Hedrich

24. FUNERAL DIRECTOR Charles L. Zeiler ADDRESS 401 S. CONKLING ST. BALTO., 24, MD.

dmr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11298

11163 **CERTIFICATE OF DEATH** Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Friendship Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
STREET ADDRESS (If rural give location) 1 Friendship Rd

3. NAME OF DECEASED: (Type or Print) (First) Clement (Middle) A. (Last) Stromberg.

4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 16, 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clement Stromberg

14. MOTHER'S MAIDEN NAME: Catherine B. Mulcahy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-03-5988A

17. INFORMANT & ADDRESS: Agnes L. Stromberg 1 Friendship Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2-3 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Diabetes - Hypertension - DUE TO

(C) ✓

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ✓

19A. DATE OF OPERATION: ✓

19B. MAJOR FINDINGS OF OPERATION ✓

20. AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1954, to Dec. 8th, 1954, that I last saw the deceased alive on Dec. 8th, 1954, and that death occurred at 4 P. M., from the causes and on the date stated above.

SIGNATURE Frederic J. Bierter M.D. ADDRESS 1014 Fidelity Arc - DATE SIGNED 12-9-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 12/11/54 | NAME OF CEMETERY OR CREMATORY: New Cathedral | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec 10, 54 | REGISTRAR'S SIGNATURE: Perkins Hoffman

24. FUNERAL DIRECTOR: Joseph T. Ambrose Jr. ADDRESS: 1326 Eastern Ave. Rd

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1914 François Luc
Arch. G[illegible]

BUREAU V. E.
3 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11299

11164 CERTIFICATE OF DEATH

Reg. Dist. No. 12

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 5227 Benson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus; STREET ADDRESS (If rural give location) 5227 Benson Ave.

3. NAME OF DECEASED: (First) IDA (Middle) BELL (Last) SWOMLEY

4. DATE OF DEATH: (Month) Dec. (Day) 6, (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Mar. 4, 1864

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Luther Lease

14. MOTHER'S MAIDEN NAME: Asenth Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Louise Tyeryar-5227 Benson Ave. Arbutus, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO a Myocardial Infarction

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1954, to 12/6, 1954, that I last saw the deceased alive on 12/5, 1954, and that death occurred at 6:05 AM, from the causes and on the date stated above.

SIGNATURE John E. Kraus M. D. ADDRESS Arbutus Md DATE SIGNED 12/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 12/8/54 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem. — LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR: 12-7-54 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Wm J. Tickner & Sons, Inc. — ADDRESS: Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11360

CERTIFICATE OF DEATH

Reg. Dist. No.

11305

1. NAME OF DECEASED (Type or Print): ROBERT R. TATE, Sr.

2. DATE OF DEATH: Dec. 20, 1954

3. PLACE OF DEATH:
A. Baltimore City, Maryland ~~Baltimore County~~
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ridgeway Manor 5743 Edmondson Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 2826 Riggs Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	widowed	Sept. 15, 1865	89		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hat Designer (rtd)	Hat Co.	Mass.	

13. FATHER'S NAME: John Tate

14. MOTHER'S MAIDEN NAME: Elizabeth -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
no		Mr. Robert R. Tate, Jr.-2826 Riggs Ave.

CAUSE OF DEATH

18. 332.2

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

DUE TO (B) Generalized Atherosclerosis & multiple Cerebral Thrombosis.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

ML CERTIFICATION

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20. AUTOPSY?
			YES ☐ NO ☑

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I certify that (I) (~~this hospital~~) attended the deceased from ~~Dec~~ 2-10 1954 to 12-20 1954, that (I) (we) last saw the deceased alive on 12-19 1954, and that death occurred at 2 A m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Tom Ashman M.D. ATTENDING PHYS. ☑ MED DIRECTOR ☐ STAFF PHYS ☐	1201 Poplar Grove St	12-20-54

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/22/54	Mt. Carmel Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
DEC 21 1954	E. H. Hirsch	Wm. J. Vickers & Sons	Balto 17

PLEASE TYPE, OR WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.
THIS CERTIFICATE MUST BE FILED WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTER DEATH.
THIS IS A PERMANENT RECORD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11301

11306 CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) TOWSON
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS CODD NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural give location) 108 BURKE AVENUE

3. NAME OF DECEASED: (First) ETHEL (Middle) GRASON (Last) TAWNEY
4. DATE OF DEATH: (Month) DEC. (Day) 24, (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JULY 31, 1902
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES M. CARRICO
14. MOTHER'S MAIDEN NAME: RACHEL BURTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: CARVER L. TAWNEY 108 BURKE AVENUE, TOWSON 4, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma of Brain — Interval Between Onset And Death 3 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of Breast — 3 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1947 to Dec 24, 1954, that I last saw the deceased alive on Dec 24 1954, and that death occurred at 3 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Edward O'Donnell MD
ADDRESS 7501 York Rd
DATE SIGNED 12/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF DEC. 26, 1954
NAME OF CEMETERY OR CREMATORY GRACE METHODIST CEMETERY
LOCATION (City, town, or county) (State) LUTHERVILLE, MD.

DATE REC'D BY LOCAL REGISTRAR Dec. 26, 1954
REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR JOHN BURNS' SONS, TOWSON, MD.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11301

11306 CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS CODD NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural give location) 108 BURKE AVENUE

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) GRASON (Last) TAWNEY

4. DATE OF DEATH: (Month) DEC. (Day) 24, (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JULY 31, 1902

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES M. CARRICO

14. MOTHER'S MAIDEN NAME: RACHEL BURTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: CARVER L. TAWNEY 108 BURKE AVENUE, TOWSON 4, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma of Brain DUE TO — Interval Between Onset And Death: 3 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Breast DUE TO — 3 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1947 to Dec 24, 1954, that I last saw the deceased alive on Dec 24, 1954, and that death occurred at 3 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles O'Donnell MD ADDRESS 7501 York Rd DATE SIGNED 12/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF DEC. 26, 1954 NAME OF CEMETERY OR CREMATORY GRACE METHODIST CEMETERY LOCATION (City, town, or county) LUTHERVILLE, MD. (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 26, 1954 REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR JOHN BURNS' SONS, TOWSON, MD. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11302

11307

1. PLACE OF DEATH:
COUNTY BALTIMORE - 19 . MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT
LENGTH OF STAY (in this place) 2 yrs .
HOSPITAL OR INSTITUTION OR STREET ADDRESS R10 Box 320 C —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE AS COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN IN
STREET ADDRESS (If rural, give location) #1.

3. NAME OF DECEASED: (Type or Print) (First) MATILDA (Middle) MAE (Last) THORPE

4. DATE OF DEATH: (Month) DEC. (Day) 15 (Year) 19 54.

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: MAY. 16. 1868

9. AGE last birthday: 85 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY HARRISON MILLS .

14. MOTHER'S MAIDEN NAME: SARAH WILLIS .

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO . (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE .

17. INFORMANT & ADDRESS: MATTIE STEAD ADDRESS AS ABOVE .

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 422.1
(a) BRONCHO PNEUMONIA .
INTERVAL BETWEEN ONSET AND DEATH: 4 DAYS.

DUE TO

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) ARTERIOSCEROTIC CARDIO VASCULAR 20 yrs. DISEASE .

DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 15, 19 54, to DEC 16, 19 54 that I last saw the deceased alive on DEC 16, 19 54, and that death occurred at 8:20 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Louis N. Tolliv. M.D. 6408 NORTH POINT RD BALTO-19 - 12/16/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: DEC. 20. 1954
NAME OF CEMETERY OR CREMATORY: ST. MATTHEWS
LOCATION (City, town, or county) (State): BALTIMORE MD

DATE REC'D BY LOCAL REG. 12/20/54
REGISTRAR'S SIGNATURE: C. W. Hedrick M.A.
24. FUNERAL DIRECTOR: ULRICH FUNERAL HOME
ADDRESS: 4210 BELAIR.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11308 CERTIFICATE OF DEATH

Reg. Dist. No. 11308 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (In this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01
STREET ADDRESS (If rural give location) 24 Bristol Avenue

3. NAME OF DECEASED: (Type or Print) (First) Katie (Middle) (Last) Tomulinas

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow | 8. DATE OF BIRTH: Unknown | 9. AGE last birthday 78 ? yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Alexander Mareen
14. MOTHER'S MAIDEN NAME: Marie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records of Spring Grove State Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arterioscler. Cardio Vasc. Disease
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
DUE TO (B) Senility
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/9 1953, to 12/8 1954, that I last saw the deceased alive on 12/8 1954, and that death occurred at 3 P. M, from the causes and on the date stated above.

SIGNATURE Stella Wachsler, M. D. ADDRESS Spring Grove St. Hosp. DATE SIGNED 12/8/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12/14/54 | NAME OF CEMETERY OR CREMATORY St. Stanislaus | LOCATION (City, town, or county) (State) Dundalk Md

DATE REC'D BY LOCAL REGISTRAR 12-15-54 | REGISTRAR'S SIGNATURE A.W. Hedrich dmr. | 24. FUNERAL DIRECTOR Harold Kaczorowski | ADDRESS 623 Kenyon

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND 11309

12071

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Court Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Bal
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite
STREET ADDRESS (If rural, give location) Old Court Rd.

3. NAME OF DECEASED (Type or Print): (First) BREMEN (Middle) A. (Last) TRAIL

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 12, 1889

9. AGE last birthday: 65 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): self employed

10b. KIND OF BUSINESS OR INDUSTRY: Real Insurance & Estate

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John E. Trail

14. MOTHER'S MAIDEN NAME: Ellen E. Thrift

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Mary E. Trail-Old Court Rd. Granite, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Carcinoma of Pancreas — Interval Between Onset and Death: 1 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1954, to 12/26/, 1954 that I last saw the deceased alive on 12/25/, 1954, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. E. Martin M.D. ADDRESS Randallstown Md DATE SIGNED 12/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12/29/54 | NAME OF CEMETERY OR CREMATORY: Granite Presbyterian Cem. | LOCATION (City, town, or county) (State): Granite, Md.

DATE RECD BY LOCAL REG. 12/26/54 | REGISTRAR'S SIGNATURE: Wm. E. Martin | 24. FUNERAL DIRECTOR: Wm. J. Vickers & Sons | ADDRESS: Baltimore 17 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11305

11310 CERTIFICATE OF DEATH

Reg. Dist. No. . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Rosewood State Training School
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Owings Mills Md. | LENGTH OF STAY (in this place) V
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School Owings Mills. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R. F. D. 2
STREET ADDRESS (If rural give location) 627 S. Streeper Street

3. NAME OF DECEASED: (Type or Print) (First) WAYNE (Middle) (Last) WAREHIME

4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): child | 8. DATE OF BIRTH: 8-15-43 | 9. AGE last birthday: 11 yrs. | IF UNDER 1 YEAR: Months 4 mo Days 1 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Student | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY? Baltimore

13. FATHER'S NAME: Mr. Willard E. Warehime | 14. MOTHER'S MAIDEN NAME: Helen Bessie Baker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: WILLARD E. WAREHIME 627 S. STREEPER ST.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
344X Immediate cause	(a) cerebral atrophy	11 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hydrocephalus	10 yrs
	DUE TO (c) meningo-encephalitis	10 yrs
II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from . . . . . , 19 . . . . , to . . . . . , 19 . . . , that I last saw the deceased alive on 12 16 54, 19 . . . , and that death occurred at 2.45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard Hearl Kemm ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 12/20/54 | NAME OF CEMETERY OR CREMATORY OAKLAWN CEMT. | LOCATION (City, town, or county) Balto. Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-16-54 | REGISTRAR'S SIGNATURE A. M. Hedrick | 24. FUNERAL DIRECTOR C. F. Hoffmann ADDRESS 2219 Lake Ave (13)

VS. A15

11311 11306

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 144 Scotts Level Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Pikesville 8, Md.
STREET ADDRESS Box 144 (If rural, give location) Scotts Level Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mollie (Middle) LOUISE (Last) WATERS

4. DATE OF DEATH (Month) DEC. (Day) 24 (Year) 1954.

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept 9, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Rockville, Montgomery Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George? Sedwicks

14. MOTHER'S MAIDEN NAME: Julia? Handy.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Raymond Waters (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Angina Pectoris — 5 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None.

19a. DATE OF OPERATION: None.

19b. MAJOR FINDING OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY None

21c. (City or town) None. (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? None.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples Deputy Med. Exam. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12-25-'54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Dec. 28, 1954

NAME OF CEMETERY OR CREMATORY Mt. Thomas

LOCATION (City, town, or county) (State) Randallstown Md.

DATE REC'D BY LOCAL REG. 12/27/54

REGISTRAR'S SIGNATURE A.W. Redmond

24. FUNERAL DIRECTOR Leonard Funeral Home ADDRESS 1631 Lamb Hill Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 113117

CERTIFICATE OF DEATH

Reg. Dist. No. 30

11312

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 648 North Bend Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY 1
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 648 North Bend Road - 29

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) KUNIGUNDA - WEHRENBERG

4. DATE OF DEATH: (Month) Dec (Day) 10 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 17, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Conrad Herting

14. MOTHER'S MAIDEN NAME: Elizabeth Seufert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Elizabeth Kruemmel 648 North Bend Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: unknown

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 24, 1954, to Dec. 10, 1954, that I last saw the deceased alive on Dec. 9, 1954, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE — (DEGREE OR TITLE) — ADDRESS — DATE SIGNED

Edward J. Gorman — M.D. — 1 Mallow Hill Ave — 12/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 14 1954 — NAME OF CEMETERY OR CREMATORY: St. Pauls. — LOCATION (City, town, or county) (State): Violetsville Balto Md

DATE REC'D BY LOCAL REG. 12-12-54 — REGISTRAR'S SIGNATURE: Ord Hedrick — **24. FUNERAL DIRECTOR** — ADDRESS: John F. Seufert — 5311 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

11313

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 11318

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL, OR TOWN and give nearest town) Raspeburg Balto 46. LENGTH OF STAY (In this place) life -
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6001 Hazelwood ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Raspeburg Balto 46
STREET ADDRESS (If rural, give location) 4616 St Thomas ave

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Henry (Last) Weilbrenner

4. DATE OF DEATH (Month) Dec (Day) 16 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Oct 9 1886	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer -	U. S. Signal Corps.	Balto Co Md	U S A

13. FATHER'S NAME: Jacob Weilbrenner

14. MOTHER'S MAIDEN NAME: Margaret Kreiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes World War I	218-09-5174	Mrs C.H. Weilbrenner 4616 St Thomas Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Immediate
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
Dec 12 16 1954 6:30 P.M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. McCarmine M. D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED ☑

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/20/54	Parkwood Cem	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 20-1954	Mrs. M. D. Ruppenbert	Lansdale Funeral Home	7401. Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11369

CERTIFICATE OF DEATH

11314

Reg. Dist. No. 36

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, ; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Caton Ridge Nursing Home Harlem Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, ; STREET ADDRESS (If rural, give location) 3809 Old York Road

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) A. (Last) White

4. DATE OF DEATH: (Month) Dec. (Day) 4, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 28, 1866

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: Supt. of Sewers

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexander White

14. MOTHER'S MAIDEN NAME: Mary Barrus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Robert Myers 3809 Old York Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cachexia	6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Carcinomatosa	1 year
	DUE TO (c) Carcinoma Colon	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardio Vascular Disease — 2 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 19 54, to Dec., 19 54, that I last saw the deceased alive on Dec. 4, 19 54 and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Kenneth Endicott, M.D. 400 N. Hilton St.

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF Dec. 7, 1954; NAME OF CEMETERY OR CREMATORY Lorraine; LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. 12-6-54; REGISTRAR'S SIGNATURE; 24) FUNERAL DIRECTOR John O. Mitchell & Sons Inc. ADDRESS 1900 Eutaw Place

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11310

MARYLAND STATE DEPARTMENT OF HEALTH

11165

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay / LENGTH OF STAY (in this place) 31 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay /
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5759 Viaduct ave	STREET ADDRESS (If rural, give location) 5759 Viaduct ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edna	May	Willett	Dec	21	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	July 10 1889	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Baltimore City	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Howard Forsyth	Lillie Pierpoint

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no	Mrs. W. Hall, Relay Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Myocardial Failure	15 Min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis	2 yrs
(c) Diabetes Mellitus	8 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Arthritis	2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1953, to Dec 21 1954, that I last saw the deceased alive on Dec 20, 1954, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Dr Ben Brumbaugh	3809 Main St Relay, 27 Md	12/21/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-24-54	Lorraine Park	Balto., Co., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec 27 54	L. Kieffer	Howard H. Hubbard 4107 Wilkens Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11311

11315 CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 11 HOURS 30 MIN
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 426 N. CURLEY STREET

3. NAME OF DECEASED: (Type or Print) (First) LOUIE (LOUIS) (Middle) H. (Last) WILLIAMS

4. DATE OF DEATH: (Month) DECEMBER (Day) 15 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: 8-3-99

9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARTENDER

10B. KIND OF BUSINESS OR INDUSTRY: TAVERN

11. BIRTHPLACE (State or foreign country): SWANSEA, SOUTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: H. B. WILLIAMS

14. MOTHER'S MAIDEN NAME: LULA GOODWIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 579-18-1049

17. INFORMANT & ADDRESS: CLIN. REC., VET. ADM. HOSP., FT. HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CIRRHOSIS OF THE LIVER — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Dec 14, 1954, to Dec. 15, 1954, and that death occurred at 5:15 A M, from the causes and on the date stated above.

SIGNATURE William B. VANDEGRIFT, M.D. ADDRESS M.D. VAH FORT HOWARD, MARYLAND DATE SIGNED 12/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL — DATE THEREOF Dec. 15 1954 — NAME OF CEMETERY OR CREMATORY SWANSEA CEMETERY — LOCATION (City, town, or county) (State) SWANSEA, SOUTH CAROLINA

DEC 17 1954

DATE REC'D BY LOCAL REGISTRAR 12/17/54 — REGISTRAR'S SIGNATURE Lawson D. Parker

24. FUNERAL DIRECTOR WILLIAM COOK-BLIGHT — ADDRESS 6009 Harford Rd Balto. Md.

SHIPPED TO: THOMPSON FUNERAL HOME WEST COLUMBIA, SOUTH CAROLINA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11312

11151 CERTIFICATE OF DEATH

Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) DUNDALK (22)
LENGTH OF STAY (in this place) 4 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8001 MIDHAVEN Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md — COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK (22)
STREET ADDRESS (If rural give location) 8001 MIDHAVEN Rd.

3. NAME OF DECEASED: (Type or Print) (First) LUTHER (Middle) HUDSON (Last) WILLIAMS

4. DATE OF DEATH: (Month) 12 (Day) 7 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 8-27-1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ROAD REPAIR

10b. KIND OF BUSINESS OR INDUSTRY: STATE HIGHWAYS

11. BIRTHPLACE (State or foreign country): W. VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH M. WILLIAMS

14. MOTHER'S MAIDEN NAME: N. BLAKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY No.: (If Yes, give war or dates of service) 234-32-1743

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Heart failure — Interval Between Onset And Death: 3 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Coronary Arteriosclerosis — unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1954, to Sept. 1954, that I last saw the deceased alive on Sept. 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Ben Davis (Degree or title) MD — ADDRESS 2900 Duncan Rd — DATE SIGNED 12-7-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 12-(10-11) 54 — NAME OF CEMETERY OR CREMATORY HANDSCHUMACHER — LOCATION (City, town, or county) (State) UPPER GLADE, W. VA.

DATE REC'D BY LOCAL REGISTRAR Dec. 9-1954 — REGISTRAR'S SIGNATURE William M. Kelly — 24. FUNERAL DIRECTOR Watts Brothers Bradley, Mendaikin Md. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11152

CERTIFICATE OF DEATH

11313

Reg. Dist. No. 41

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Station
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unger & Mahon Boatyard
STREET ADDRESS (If rural, give location) R.D. Box 4011.

3. NAME OF DECEASED (Type or Print) (First) Maude (Middle) Reynolds (Last) Windal

4. DATE OF DEATH (Month) December (Day) 29th (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH June 19th 1890

9. AGE last birthday 64 yrs.

If under 1 year: Months 8 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Main

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS William Windal Unger & Mahon Box 4011 Balto 22

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	Dec 25th to Dec 29th 1954
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension & arteriosclerosis	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 25 1954, to December 29th 1954, that I last saw the deceased alive on December 29th 1954 and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jos Thomas MD. 1077 N. Main & Patto 22 12/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 1-1-55 | NAME OF CEMETERY OR CREMATORY ODD FELLOWS | LOCATION (City, town, or county) (State) SMYRNA, DEL.

DATE REC'D BY LOCAL REG. Dec 30 1954 | REGISTRAR'S SIGNATURE William M. Kelly

24. FUNERAL DIRECTOR ADDRESS Walter Brothers Bradley, Hendrick, MD

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

11153

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11314

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK | LENGTH OF STAY (In this place) 34 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 600½ SOUTH FORTY SIX ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural give location) 600½ SOUTH FORTY SIX ST.

3. NAME OF DECEASED (Type or Print): (First) OSCAR (Middle) (Last) WIRTA
4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	AUG. 13, 1896	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Wire Mill Worker Beth	Steel Co.	Finland	USA

13. FATHER'S NAME: William Wirta
14. MOTHER'S MAIDEN NAME: Josephine Sirrinen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs Helga Wirta Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W M Davis MD	Dep Med Exam.	Dundalk rt 1 Md	12/18/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 19, 1954	Oak Lawn Cemetery	Baltimore Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/20/54	A. L. Hedrick M.D.	Henry Sander & Sons Inc. Baltimore Maryland.	

Hy Sander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11315

11316

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1121 Webb Court

3. NAME OF DECEASED: (First) LESTER (Middle) A. (Last) WITHROW
4. DATE OF DEATH: (Month) December (Day) 28 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 6/29/12
9. AGE last birthday 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY: Rheems Mfg. Co.
11. BIRTHPLACE (State or foreign country): Claremont, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harvey Withrow
14. MOTHER'S MAIDEN NAME: Parthena Pittsenburger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. 236 05 2228
17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
163X
IMMEDIATE CAUSE (A) CARCINOMA OF LUNG WITH METASTASIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Dec. 21., 1954, to Dec. 28., 1954, that I last saw the deceased ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 7:25PM, from the causes and on the date stated above.

SIGNATURE James J. Nolan M.D ADDRESS VAH, Fort Howard, Md. DATE SIGNED 12/29/54
JAMES J. NOLAN

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 12-29-54 — NAME OF CEMETERY OR CREMATORY Gwynn Cemetery — LOCATION (City, town, or county) (State) Green Sulphur Springs, W.Va.

DATE RECD BY LOCAL REGISTRAR 12-29-54 — REGISTRAR'S SIGNATURE Dawson L. Darby — 24. FUNERAL DIRECTOR ADDRESS Wm.Cook-Blight Funeral Home 6009 Harford Rd. Baltimore, Md.

SHIPPED TO: Wallace & Wallace Funeral Home Baine[illegible], W. Va.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

11317

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11316

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Baltimore
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn L. Martin Co.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 300 E. University Parkway

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) John (Last) Wollschlaeger

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-22-05

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Aircraft

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Arthur Wallschlager

14. MOTHER'S MAIDEN NAME: Margaret Schleigh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ------

17. INFORMANT AND ADDRESS: Mrs. Florence Wallschlager 300 E. University Pkwy.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED: While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W. Sloan M.D. (Degree or title): Dep. Med. Exam. ADDRESS: Dundalk, Md. DATE SIGNED: 12/29/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 31, 1954
NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 12-31-54
REGISTRAR'S SIGNATURE: a w Hennig
24. FUNERAL DIRECTOR: John A. Moran per Edwin M. Stirling
ADDRESS: 3000 E. Baltimore St.

MARYLAND STATE DEPARTMENT OF HEALTH

11154

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11317

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk (22)
LENGTH OF STAY (In this place) 12 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2511 Ambler Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Penna. COUNTY Fayette
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ohiopyle
STREET ADDRESS (If rural, give location) Grant St.

3. NAME OF DECEASED (Type or Print): (First) ISAAC (Middle) FRANK (Last) WOODMENCY
4. DATE OF DEATH: (Month) (Day) (Year) 12-23-54 19

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 29 1863
9. AGE last birthday: 91 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (State or foreign country): PENNA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID WOODMENCY
14. MOTHER'S MAIDEN NAME: MARY BUTLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: DAVID R. WOODMANCY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arterio-Sclerotic Cardio Vas. Dis. — —
(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Dep. Med. Exr. Dunbar, W. Va. 12/23/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 12-26-54
NAME OF CEMETERY OR CREMATORY: JOHNSON CHAPEL CHURCHYARD
LOCATION (City, town, or county) (State): OHIOPYLE, PENNA

DATE REC'D BY LOCAL REG.: 12-23-54
REGISTRAR'S SIGNATURE: William M. Kelly
24. FUNERAL DIRECTOR ADDRESS: Walter Burpo Bradley, Dunbar, W. Va.

VS. A15A

11318

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11318 **CERTIFICATE OF DEATH** Reg. Dist. No. 37

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-63

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville
LENGTH OF STAY (in this place) 20 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 4204 Maryland Ave

3. NAME OF DECEASED (Type or Print): (First) Meta (Middle) A. M. (Last) Wright

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: July 22 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months 5- Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Living at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Julius Kauffmann

14. MOTHER'S MAIDEN NAME: Anna Krueger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arterio-sclerotic Cardio-Vascular disease — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19 1953, to Dec 14, 1954, that I last saw the deceased alive on Dec 14, 1954, and that death occurred at 11:40 P. M, from the causes and on the date stated above.

SIGNATURE Walter T. Ives M. D. ADDRESS Cockeysville Md DATE SIGNED Dec 14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 12-17-54 NAME OF CEMETERY OR CREMATORY Violet Villa - St Paul LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR 12/16/54 REGISTRAR'S SIGNATURE Laura M. Schroeder 24. FUNERAL DIRECTOR Wm. Cook, St Paul & Preston St ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11319

11319 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS 122½ Winters Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 122½ Winters Lane

3. NAME OF DECEASED: (First) Julia (Middle) (Last) Young
4. DATE OF DEATH: (Month) Dec. (Day) 23, (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Aug. 10, 1857
9. AGE last birthday: 97 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: David Young
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Lurretta Boston 122½ Winters Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (443X)	(a) Mitral Insufficiency	43 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive Cardiac Disease	?
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10 19 54, to Dec. 23 19 54, that I last saw the deceased alive on 12-23-, 19 54, and that death occurred at 10.30 AM from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
C. H. Maloney M.D. 57 Winters Lane - (Cat) 12-23-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12-26-54
NAME OF CEMETERY OR CREMATORY Western Cem
LOCATION (City, town, or county) (State) Catonsville, Md.

DATE REC'D BY LOCAL REG. 12-23-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm. Frances A. Hensley ADDRESS 578 Biddle St

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11320

11320 CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: Rosewood Training School
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 4 mos. 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore -6
STREET ADDRESS (If rural give location) 1211 White Ave.

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Ronald (Last) Zorn

4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 12-21-34

9. AGE last birthday: 20 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ignatius Zorn

14. MOTHER'S MAIDEN NAME: Anna Mae Debelius

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Rosewood Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

500X

Immediate cause (a) Acute bronchitis with complicating bronchial pneumonia — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Multiple decubital ulcers — 3 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: shot gun wound of brain (accidental) 11/21/53. — 1 year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-19-54 19..... to 12-21-54, 19....., that I last saw the deceased alive on 12-21-, 1954, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE Harry G. Butler, M.D. (Degree or title)
ADDRESS Rosewood - Owings Mills, Md.
DATE SIGNED 12-21-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 24, 1954
NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem.
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 12-22-54
REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Schimmel Funeral Home Inc. Charles C. Schimmel 2281-03-05
ADDRESS: 6 Madison

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15